



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 98462		2. Name of Corporation Affiliated Insurance Managers, Inc.			
3. Street Address Principal Business Office 200 Metro Center Blvd.			City Warwick	State RI	Zip 02886
4. Business Phone No. 401-352-3000		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN ALL ASPECTS OF THE INSURANCE BUSINESS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John J. Daly			Vice President Name Richard V. Rheinberger		
Street Address 9 Aurora Road			Street Address 6 Jenckes Court		
City East Greenwich	State RI	Zip 02818	City Narragansett	State RI	Zip 02882
Secretary Name Richard V. Rheinberger			Treasurer Name Donna M. Gelsomino		
Street Address 6 Jenckes Court			Street Address 20 Cinnamon Drive		
City Narragansett	State RI	Zip 02882	City Johnston	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			8,000		NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee.



File Date	FILED
Check No.	FEB 24 2005
By	By <u>ICB</u>
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer John J. Daly Date 1/12/05
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 98462		2. Name of Corporation Affiliated Insurance Managers, Inc.			
3. Street Address Principal Business Office 200 Metro Center Blvd.			City Warwick	State RI	Zip 02886
4. Business Phone No. 401-352-3000		5. State of Incorporation RHODE ISLAND			6. SIC Code 592
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN ALL ASPECTS OF THE INSURANCE BUSINESS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John J. Daly			Vice President Name Richard V. Rheinberger		
Street Address 9 Aurora Road			Street Address 6 Jenckes Court		
City East Greenwich	State RI	Zip 02818	City Narragansett	State RI	Zip 02882
Secretary Name Richard V. Rheinberger			Treasurer Name Donna M. Gelsomino		
Street Address 6 Jenckes Court			Street Address 20 Cinnamon Drive		
City Narragansett	State RI	Zip 02882	City Johnston	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			0		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 8 4 6 2 *

File Date 2.4.04
Check No. 11573
By: 11p

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

John J. Daly

Print or Type Name of Officer

President

Title of Officer

1/12/04
Date



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **98462**
2. Name of Corporation **Affiliated Insurance Managers, Inc.**
3. Street Address Principal Business Office
200 Metro Center Blvd.
4. Business Phone No. **401-352-3000**
5. State of Incorporation **RHODE ISLAND**

City **Warwick** State **RI** Zip **02886**
6. SIC Code **5702**

7. Brief Description of the Character of Business Conducted in Rhode Island
Insurance Sales & Services of Property & Casualty Insurance

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **John J. Daly**
Street Address **9 Aurora Road**
City **East Greenwich** State **RI** Zip **02818**

Vice President Name **Richard V. Rheinberger**
Street Address **6 Jenckes Ct.**
City **Narragansett** State **RI** Zip **02882**

Secretary Name **Richard V. Rheinberger**
Street Address **6 Jenckes Ct.**
City **Narragansett** State **RI** Zip **02882**

Treasurer Name **Donna M. Gelsomino**
Street Address **20 Cinnamon Drive**
City **Johnston** State **RI** Zip **02919**

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **none**
Street Address
City State Zip
Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 common

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 8 4 6 2 *

File Date: **2/25/03**

Check No.: **10032**

By: **John J. Daly**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer **John J. Daly** Date **2/25/03**

Print or Type Name of Officer
John J. Daly

Title of Officer
President



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS.
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

98462

2. Name of Corporation

Affiliated Insurance Managers, Inc.

3. Street Address Principal Business Office

200 Metro Center Blvd

City

Warwick

State

RI

Zip

02886

4. Business Phone No.

352-3000

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0

7. Brief Description of the Character of Business Conducted in Rhode Island

Insurance Sales & Services of Property + Casualty Insurance

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

John J. Daly

Vice President Name

Richard V. Rheinberger

Street Address

9 Aurora Road

Street Address

6 Jencles Ct

City

E Greenwich RI

Zip

02818

City

Narragansett RI

State

Zip

02882

Secretary Name

Richard V. Rheinberger

Treasurer Name

Donna M. Belsomino

Street Address

6 Jencles Ct

Street Address

20 Cinnamon Drive

City

Narragansett RI

Zip

02882

City

Johnston RI

State

Zip

02919

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

none

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 8 4 6 2 *

File Date:

2/4/02
5351

Check No.:

915

By:

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: John J. Daly Date: 1/14/02

Print or Type Name of Officer: John J. Daly

Title of Officer: President





STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **98462** 2. Name of Corporation **Affiliated Insurance Managers, Inc.**

3. Street Address Principal Business Office **200 metro Center Blvd** City **Warwick** State **RI** Zip **02886**
4. Business Phone No. **352-3000** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island
Insurance Sales & Services of Property & Casualty Insurance
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name John J Daly Street Address 9 Aurora Drive City E Greenwich State RI Zip 02818	Vice President Name Richard V Rheinberger Street Address 6 Jenckes Ct City Narragansett State RI Zip 02882
Secretary Name Richard V Rheinberger Street Address 6 Jenckes Ct City Narragansett State RI Zip 02882	Treasurer Name Donna M Gelsomino Street Address 20 Cinnamon Drive City Johnston State RI Zip 02919

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name none Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common

RECEIVED
STATE
SECRETARY OF STATE
CORPORATIONS DIV.
JAN 10 70 12 PM '01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 8 4 6 2 *

FILED

File Date: **JAN 10 2001**

Check No.: **By 100 254693**

By: **100 254693**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer **John J Daly** Date **1-08-01**
Print or Type Name of Officer **John J Daly**
Title of Officer **President**



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **98462** 2. Name of Corporation **Affiliated Insurance Managers, Inc.**

3. Street Address Principal Business Office **1738 Broad Street** City **Cranston** State **RI** Zip **02905**
4. Business Phone No. **785-3000** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

Property & Casualty Insurance Sales & Service

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name John J Doly Street Address 9 Aurora Drive City E Greenwich State RI Zip 02818	Vice President Name Richard V Rheinberger Street Address 116 Clearview Dr City N Kingstown State RI Zip 02852
Secretary Name Richard V Rheinberger Street Address 116 Clearview Dr City N Kingstown State RI Zip 02852	Treasurer Name Donna M Gelsomino Street Address 20 Cinnamon Dr City Johnston State RI Zip 02919

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name none Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

8,000 NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series Par Value

100 Common

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 8 4 6 2 *

File Date: **12-22-99**

Check No.: **4748**

By: **AMF**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Donna m gelsomino 12/20/99
Signature of Officer Date

Treasurer
Print or Type Name of Officer

Donna m Gelsomino

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

1999



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID **98462** 2. **Affiliated Insurance Managers, Inc.**

3. Street Address Principal Business Office
1738 Broad Street

City
Cranston

State
RI

Zip
02905

4. Business Phone No.
(401) 785-3000

5. **RHODE ISLAND**

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

Insurance Sales & Service of Property/Casualty Insurance

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

John J. Daly

Street Address
9 Aurora Drive

City
East Greenwich State
RI Zip
02818

Secretary Name

Richard V. Rheinberger

Street Address
116 Clearview Drive

City
N. Kingstown State
RI Zip
02852

Vice President Name

Richard V. Rheinberger

Street Address
116 Clearview Drive

City
N. Kingstown State
RI Zip
02852

Treasurer Name

Donna M. Gelsomino

Street Address
20 Cinnamon Drive

City
Johnston State
RI Zip
02919

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

none

Street Address

City
State Zip

Director Name

Street Address

City
State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares
8,000 NO PAR VALUE Class/Series
Par Value

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares
1000 Class/Series
Common Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 8 4 6 2 *

File Date: **2/26/99**

Check No.: **003422**

By: **John J. Daly**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

John J. Daly **2/26/99**
Signature of Officer Date

John J. Daly
Print or Type Name of Officer

President
Title of Officer