

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

Matthew A. Brown, Secretary of State

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

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

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_

2005

(FORM MUST BE TYPED OR P							
1. Corporate II) No 98462	2 Name of Corpo Affiliated I	oration nsurance Managers, Inc.		,			
3 Street Address Principal Business Office 200 Metro Center Blud.			Warwick	State RI	02886		
4. Business Phone No. 401-352-3000		5. State of Incorporation RHODE ISLAND			6. SIC Code 0		
7 Brief TO ENGAGE IN ALT	ASPECTS OF THE	NSURANCE BUSINESS.					
8. NAMES AND ADDRESS President Name John J. Daly		CERS: ("X" BOX FOR ATT	Vice President Name	SPACES BEFORE USIN	NG ATTACHMENTS		
Sircer Address 9 Aurora Roa			Richard V. Rheinberger Simon Address 6 Jenckes Court				
cuy East Greenwi	ch RI	2φ 02818	ciiy Narragansett	State RI	7.ip 02882		
Secretary Name Richard V. R	heinberger		Treasurer Name Donna M. Gel	somino			
Street Address 6 Jenckes Co	urt	· · · · · ·	Street Address 20 Cinnamon	- <del></del>			
City Narragansett	•	21p 02882	City Johnston	State RI	Zip 02919		
9. NAMES AND ADDRESS Director Name	ES OF THE DIREC	CTORS: ("X" BOX FOR A	TTACHMENT)  FILL I	N SPACES BEFORE U	SING ATTACHMENTS		
Street Address		<del>_</del>	Siner Address				
City	State	Zip	City	State	Zip		
Director Name			Director Name				
Street Address		• •	Street Address				
City	State	Zip	City	State	Zíp		
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTAC	CHMENT) [		
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 l	be signed in ink by	y either the President, Vice	President, Secretary, Assist	ant Secretary, Treasure	r, Receiver or Trustee 1		

File Date FILED

Check No. FEB 2 4 2005

By: 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 muy and correct.

contained herein are thur and correct.

1/12/05

Signature of Officer John J. Daly

Print or Type Name of Officer President



# 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

1. Corporate ID No. 98462	_ · ·	2. Name of Corporation Affiliated Insurance Managers, Inc.				
3. Street Address Principal Bus		mourance managers, mo.	City	State	Zip	
200 Metro Cente	on Blud		Wanwich	RI	02886	
4. Business Phone No.	// A/A VAA	5. State of Incorporatio			6. SIC Code	
401-352-3000		RHODE ISLAN	D		570 2	
7. Brief Description of the Cha TO ENGAGE IN AL	racter of Business Condu L ASPECTS OF THE					
8. NAMES AND ADDRE	SSES OF THE OFF	ICERS: ("X" BOX FOR AT	TACHMENT)     FILL I	N SPACES BEFORE USI	NG ATTACHMENTS	
President Name	•	•	Vice President Name	•		
John J. Daly			RIchard V. Rhe	inberger :		
Sircei Address			Street Address		-	
9 Aurora Road			6 Jenckes Cour	<u>t</u>		
City	State	Zip	Clty	State	Zip	
East Greenwich	RI	02818	Narragansett	l RI	02882	
Secretary Name			Treasurer Name			
RICHARD V. Rhei	<u>nberger</u>		Donna M. Gelson	nuno		
Street Address			Street Address			
6 Jenckes Court			20 Cinnamon Drive			
		Tau.	1 Cin	Conta	7/4	
<sub>Giy</sub> Narragans <i>ett</i> 9. names and addre	State RI	Zφ   02882   CTORS: ("X" BOX FOR Δ		State RI IN SPACES BEFORE U	Zip 02919 SING ATTACHMENT	
City Navragansett  N. NAMES AND ADDRE Director Name	State RI	02882	Johnston	RI	02919	
City Navragansett  9. Names and addre Mirector Name Street Address	State RI	02882	Johnston ATTACHMENT)   FILL Director Name	RI	02919	
City Navragansett  9. NAMES AND ADDRE Director Name  Street Address  City	State RI ESSES OF THE DIRI	02882 ECTORS: ("X" BOX FOR A	Johnston ATTACHMENT)   FILL Director Name  Street Address  City	RI IN SPACES BEFORE U	02919 SING ATTACHMENT	
City Narragansett  9. NAMES AND ADDRE Director Name  Street Address  City	State RI ESSES OF THE DIRI	02882 ECTORS: ("X" BOX FOR A	Johnston ATTACHMENT)   FILL Director Name  Street Address	RI IN SPACES BEFORE U	02919 SING ATTACHMENT	
City Narragansett  9. NAMES AND ADDRE Director Name  Street Address  City	State RI ESSES OF THE DIRI	02882 ECTORS: ("X" BOX FOR A	Johnston ATTACHMENT)   FILL Director Name  Street Address  City	RI IN SPACES BEFORE U	02919 SING ATTACHMENT	
City Naviagans ett 9. Names and addre Director Name Street Address City Director Name	State RI ESSES OF THE DIRI	02882 ECTORS: ("X" BOX FOR A	Johnston ATTACHMENT)   FILL Director Name  Street Address  City  Director Name	RI IN SPACES BEFORE U	02919 SING ATTACHMENT	
City Natragansett 9. Names and address Director Name  City Director Name  Street Address	State RI ESSES OF THE DIRI	21p	Johnston ATTACHMENT)	RI IN SPACES BEFORE U	02919 SING ATTACHMENT	
City Naviagans ett 9. Names and addres Director Name  City Director Name  Street Address  City  10. SHARES AUTHORI	State RI ESSES OF THE DIRI	21p	Johnston ATTACHMENT)	RI IN SPACES BEFORE U  State	02919 SING ATTACHMENT	
City Naviagans ett 9. Names and address Director Name Street Address City Director Name Street Address City 10. SHARES AUTHORI. AUTHORIZED SHARES	State RI ESSES OF THE DIRI  State  State  State  Class/Series	2tp	Johnston ATTACHMENT)	State  State  State	Zip  Zip  CHMENT)	
City Naviagans ett 9. Names and address Director Name Street Address City Director Name Street Address City 10. SHARES AUTHORI AUTHORIZED SHARES Number of Shares	State RI ESSES OF THE DIRI  State  State  State  Class/Series	2tp	Johnston ATTACHMENT)	State  State  State	Zip  Zip  CHMENT)	

File Date

Check No.

Under penals including an contained he

Signature of Contained he

Signature of Contained he

Print or Type

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



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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK) 1 Corporate ID No. 2. Name of Corporation 98462 Affiliated Insurance Managers, Inc. State Zip 3 Street Address Principal Business Office RI 02886 200 Metro Center Blud. Warwick 6 SIC Code 4. Business Phone No. 5. State of Incorporation 401-352-3000 5702 X RHODE ISLAND 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 Vice President Name John J. Daly Richard V. Rheinberger Street Address Street Address 6 Jenckes Ct. 9 Aurora Road City City State 02882 RI 02818 RI East Greenwich Narragansett Ireasurer Name Secretary Name Donna M. Gelsomino Richard V. Rheinberger Street Address Street Address 6 Jenckes Ct. 20 Cinnamon Drive State City State City 02919 Johnston RΙ RI 02882 Narragansett 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS** Director Name Director Name none Street Address Street Address State Zip City City State Zip Director Name Director Name Street Address Street Address Zip State Zip City State City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Number of Shares Par Value Number of Shares Class/Series COMMON 100 8,000 NO 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:	2/25/13
Check No.:	/0032
By:	82

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

John J.

Print or Type Name of Officer President

Title of Officer - S

Form 630 12/02

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

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

401-222-3040

(FORM MUST BE TYPED IN BLACK) I. Corporate ID No. 2. Name of Corporation 98462 Affiliated Insurance Managers, Inc. 3. Street Address Principal Business Office 5. State of Incorporation 6. SIC Code RHODE ISLAND 2. Brief Description of the Character of Business Conducted in Rhode Island Sales of Services of Property Casualty Insurance Insurance 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS** Rheinberger

belsomino non Urive

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

Director Name Director Name nonl

Street Address Street Address City 7.ip City State Zip

Director Name Director Name

Street Address Street Address

City State Zip City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES

Number of Shares Class/Serles Number of Shares Par Value Class/Series Par Value

8,000 NO PAR VALUE Commor

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

**₹** 5



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

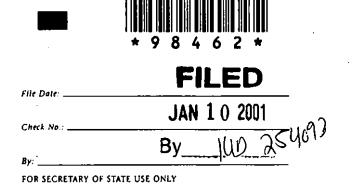
Form 630 12/01

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

## 2001 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_

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

00/45	2. Name of Corporal	tion.		• •	
1. Corporate ID No. 8462	Affiliat	ed Insurance Man	agers, Inc.		
3. Street Address Principal Busine 200 Metro 4. Business Phone No. 352-3000	Center	BIVE  5. State of Incorporation RHODE ISLAN	Warwick 10	State RI	02886 6. SIC Cody
7. Brief Description of the Charac Insurance 8. NAMES AND ADDRE President Name	Sales¢	Services o	HMENT) FILIL IN SPACE Vice President Name	BEFORE USING ATTACH	V
John J De sirer Address 9 Junori E Greeniu		210	6 Jench	State	Jek 028821
Secretary Name Richard V Street Address 6 Jenckes	Rheinb		Street Address	n Gelsomin Emon Drive	0
City	State	Zip	City	State	Zip
Norrogansus, NAMES AND ADDRE	H KI ESSES OF THE DIRE NC	O2882 ECTORS (*X* BOX FOR ATT	ACHMENT) FILL IN SPA Director Name	CES BEFORE USING ATTAC	02919 HMENTS
Norrogansus  9. NAMES AND ADDRE  Director Name  NO  Street Address	ESSES OF THE DIRE			CES BEFORE USING ATTAC	
NorrogansU  9. NAMES AND ADDRE  Director Name  Street Address  City	· _	ECTORS (*X* BOX FOR ATT	Director Name Street Address		HMENTS
Norrogansus  9. NAMES AND ADDRE  Director Name  Street Address	· _	ECTORS (*X* BOX FOR ATT	Street Address City		HMENTS
NorrogansU  9. NAMES AND ADDRE  Director Name  Street Address  City  Director Name	· _	ECTORS (*X* BOX FOR ATT	Street Address City Director Name		HMENTS
Norrogans  9. NAMES AND ADDRE  Director Name  City  Director Name  Street Address	State State	ECTORS (*X* BOX FOR ATT	Street Address : :Clty Director Name Street Address City	State	HMENTS



Under penalty of perjury, I declare and all	ittit tuat i nave examinen
this report, including any accompanying s	schedules and statements, and
that all statements contoined herein are tr	rue and correct.
Jal Alah	1-08-01
Symature of Office	Date
John Frey	
Print or Type Name of Officer	
1 President	
Title of Officer	

Form 630 12/00

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

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8,000 NO PAR VALUE	E		100	Common	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Sertes	Par Value
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTACHN	MENT)	11. SHARES ISSUED ("X" B	BOX FOR ATTACHMENT)	
City	State	Zip	City	State	Zip
Street Address			Street Address		
Director Name			Director Name		
City	State	Zip	City	State	Zip
Street Address			Street Address		
Director Name	_		Director Name		
9. NAMES AND ADDRESSE	S OF THE DIRECTO		70	EFORE USING ATTACH	• •
NKingsTown	""RI	02852	Tohnston	RT.	<sup>zı,</sup> 02919
116 Clearvieu	NDR.	Zip	20 Cinnomo	on DR	7 in
Richard V RI			Donna M Go	_	
E Greenwich Secretary Name  D. J. J. D.	المالمالم	02818	N KingsTown	1.1	0285 <i>2</i>
City	State	21p	/	State RT	21p
9 JURORE DA	zive		116 Clearvieu	u De	
John J Doly	_		Richard V Rt	neinberger	•
8. NAMES AND ADDRESSE President Name	3 OF THE OFFICER	IS I A BUX FUR ATTACHT	Vice President Name		
Hoperty & Ca	Sualty ]	Insurance	Sales & Seri	VÌCL ORE USING ATTACHMI	entre
7. Brief Description of the Character of					
4. Business Phone No. 785-3000		5. State of Incorporation RHODE ISLAND			6. SIC Code
	street		Cranston	RI	02905
3. Street Address Principal Business Of		niive nelley!	City	State	Zip
1. Corporate ID No. 98462	2. Name of Corporation	nsurance Manage	ere inc		_
(FORM MUST BE TYPED IN BLACK					
Filing Period: January 1	-March 1 • Fil		OKI FOR THE		F LASI TANIE, C

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

Title of Officer



File Date:	12-22-99	
Check No.: _	4748	
Ву:	AMF	

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjuty, 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.

	accomuna 12/20/99
Signature of Officer TRESSUREK	Date
Print or Type Name of Officer  Donna M	6elsominO



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

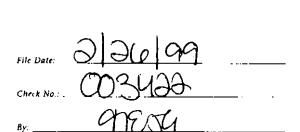
1999

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

1. Corporate 1D <b>98462</b>	<sup>2</sup> Affiliated insura	ince Managers, Inc	•	• •	
3. Street Address Principal Business Of 1738 Broad Str			City Cranston	State RI	zφ — — — . 02905
4. Business Phane No. (401) 785-3000	) .	5 RHODE 18LAND			6. SIC Code
7 Brief Description of the Character of	Business Conducted in Rhod	e Island	··	•	
Insurance Sales 8. NAMES AND ADDRESSE President Name	S OF THE OFFICER	S ("X" BOX FOR ATTACHM		FORE USING ATTACHM	IENTS
John J. I	oaly		Street Address	neinbeigei	
9 Aurora			116 Clearview	Drive	
East Greenwich	State RI	02818	N. Kingstown	State RI	02852
Secretary Name	• •	• •	Treasurer Name	• • • • • • • • • • • • • • • • • • •	*., , *, **** .****** * *
Richard V. Rh	einberger	, ,	Donna M. Gelso	omino	
116 Clearview	Drive State	Zip	20 Cinnamon D	rive State	! Zip
N. Kingstown	RI	02852	Johnston	RI	02919
9. NAMES AND ADDRESSE	S OF THE DIRECTO	ORS ("X" BOX FOR ATTAC		BEFORE USING ATTACK	1
none					
Street Address	•	:	Street Address		· · · · · · · · · · · · · · · · · · ·
City	State !	Zip	City	State	Zip
Director Name		•	Director Name	• • • • • • • • • • • • •	•
Street Address			Street Address		
City	:   State 	Zip	Ċity	: State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X* BOX FOR ATTACHM	ENT)	11. SHARES ISSUED (*X*	BOX FOR ATTACHMENT)	in in the second of the second
Number of Shares 8,000 NO PAR VALUE	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
			1000	common	:

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



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined