

By

FOR SECRETARY OF STATE USE ONLY

## 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

Form 630 12/01

2005

Filing Period: January 1			PORT FOR THE	I EAR	<del></del>	
·		iling Fee: \$50.00				
FORM MUST BE TYPED IN  1. Corporate ID No.	2. Name of Corpo	eation	<del></del>		· · · · · · · · · · · · · · · · · · ·	
120565 :	1 '					
3. Street Address Principal Bus	Stop_Lo	ss_Insurance	Brokers, Inc.	State	Zıp	
•			1		1 '	
20 Park Plaza  4. Business Phone No.	<u>1 Suite 91</u>	2 5. State of Incorpora	Boston,	MA	92116	
		, i	uon		6. SIC Code	
(617) 542-160 7. Brief Description of the Cha	O racter of Business Con	Massachu	setts		5702	
To act as	an insura	ance agent of	r broker			
8. NAMES AND ADDRES	SSES OF THE OF	ICERS ("X" BOX FOR	ATTACHMENT) 🗌 FILL IN SP	ACES BEFORE USING AT	TACHMENTS	
President Name			Vice President Name			
Denise A. Doy	.16	· · · · · · · · · · · · · · · · · · ·	·			
Street Address			Street Address			
57 Bartlett S	tt#5		•			
_5 <i>7</i> _BartlettS <sup>City</sup>	State	Zip	Cuy	State	Zip	
Charlestown	MA	02129	•		1	
Secretary Name			Treasurer Name			
			Paul L. Flyn	n		
Street Address			* Street Address			
			330 Beacon St. 116C			
City	State	Zip	City	State	Zip	
			Boston	MA	02116	
9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FO	PRATTACHMENT)   FILL IN			
Director Name		·	Director Name	•	va==== a#*** <del>*</del>	
Donico & Doi	,1 <sub>0</sub>		Paul L. Flyn	ın		
<u>Denise A. Doy</u> Street Address	'ie		Street Address	· ····································	<del></del>	
Same as above			•			
City	State	Zip	Same_as_above			
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Director Name				. <b></b>		
Director name			• Director Name •			
			· · · · · · · · · · · · · · · · · · ·	<del></del>		
State Addition			·Street Address			
Street Address						
	State	7/0	Cin	Crate	7/0	
	State	Zip	City	State	Zip	
City		1	· ·			
City  10. SHARES AUTHORIZ		1	11. SHARES ISSUED (")	State X" BOX FOR ATTACHMEN		
City  10. SHARES AUTHORIZ AUTHORIZED SHARES	CED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED (")	X" BOX FOR ATTACHMEN	m 🛘	
City  10. SHARES AUTHORIZ AUTHORIZED SHARES		1	11. SHARES ISSUED (")			
City  10. SHARES AUTHORIZ  AUTHORIZED SHARES  Number of Shares	Class/Series	ATTACHMENT)  Par Value	11. SHARES ISSUED ("2 ISSUED SHARES ! Number of Shares	X" BOX FOR ATTACHMEN  Class/Series	T)   Par Value	
City  10. SHARES AUTHORIZ AUTHORIZED SHARES	Class/Series	ATTACHMENT)  Par Value	11. SHARES ISSUED (")	X" BOX FOR ATTACHMEN	m 🛘	
City  10. SHARES AUTHORIZ  AUTHORIZED SHARES  Number of Shares	Class/Series	ATTACHMENT)  Par Value	11. SHARES ISSUED ("2 ISSUED SHARES ! Number of Shares	X" BOX FOR ATTACHMEN  Class/Series	T)   Par Value	



## TE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS 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 CORPO	farch 1 •	NNUAL REPOR	T FOR THE YEA	AR200	)4	
(FORM MUST BE TYPED OR PRI	<u> </u>	<u> </u>				
Corporate ID No. 2. Name of Corporation						
120565 3. Street Address Principal Business		Insurance Brokers, Inc.	City	State	Zip	
20 Park Plaza	-	12	Boston	MA	02116	
4 Business Phone No		5. State of Incorporation	1		6 SIC Code	
(617) 542-1600 MASSACHUSE  7. Brief Description of the Character of Business Conducted in Rhode Island			TTS		5702	
TO ACT AS AN INSUR						
8. NAMES AND ADDRESSE	S OF THE OFFI	CERS: ("X" BOX FOR AT	TACHMENT)     FILL IN	SPACES BEFORE USIN	NG ATTACHMENTS	
President Name			Vice President Name			
Denise A. Do	yle					
Street Address			Street Address			
57 Bartlett	Street #5			l com	9%	
•	1	Zip	City	State	Zip	
Charlestown 1 MA 1 0.2129			Treasurer Name Paul L. Flynn			
Street Address			Street Address 330 Beacon Street 116C			
City	State	Zip	Gig Boston	State MA	<i>Zip</i> 02116	
9. NAMES AND ADDRESSE	 SOFTHEDIBE	CTORS. ("Y" ROV FOR 4		IN SPACES BÉFORE US		
Director Name	S OF THE DIKE	CIORS: ( A BOX FOR A	Director Name	IN SPACES DEFORE US	ING ATTACHMENTS	
Denise A. Doy	'le		Paul L. Fly	nn		
Street Address		<del></del> .	Street Address		<del></del>	
same as above	!		same as above			
City	State	Zip	City	State	Zip	
Director Name	<b>.L</b>		Director Name			
Street Address	<u> </u>		Street Address			
City	State	Zip	City	I franc	7/6	
Ciry	State	ΖΨ	City	State	Zip	
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR	RATTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTAC	CHMENT)	
Number of Shares ·	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
200,000 COMM \$.01 PAR VALUE			200,000	COMM	\$.01	
This report must be	signed in ink h	v either the President Vice	President, Secretary, Assis	tant Secretary Treasure	r. Receiver or Trustee	
report must be	Buca in line 0	y without the raceductic, vice		ioni occidialy, ficasofe	i, iteletroi di Trance	
l i <b>18</b> i1i	11 <b>812</b> (1811 <b>8618) 8</b> 1116	81161 8111 1881				
		BINDE DIR IRU			n that I have examined this rep statements, and that all statem	
: 00 2	<del>1 2 0 5 (</del>	<del>5−5</del> −*	contained herein a		tatements, and that an statem	
File Date	)4		Margin	a slew	1/28/04	
C	781		Signature of Officer		Date	
Check No.			Design A. Moste			
I [[]D			Print or Type Name	of Officer		
By:	<del></del>	<del></del>	Dr. Odis	1		
FOR SECRETARY OF S	TATE USE ONLY		Title of Officer	<u>, ,</u>		

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

STOP PU ASERTAD INSTRUCTIONS

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 120565 Stop Loss Insurance Brokers, Inc. 3. Street Address Principal Business Office City State Zip 20PPark Plaza, Suite 912 02116-4303 Boston MA 4. Business Phone No. 5. State of Incorporation 6. SIC Code (617) 542-1600 **MASSACHUSETTS** 5702 7 Brief Description of the Character of Business Conducted in Rhode Island To act as an insurance agent or broker 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Denise A. Doyle Street Address Street Address 57 Bartlett Street #5 City City State State ZIP Charlestown 02129 MΑ Secretary Name Treasurer Name Paul L. Flynn Street Address Street Address 330 Beacon Street#93B City Boston MA 02116 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Denise A. Doyle Paul L. Flynn Street Address Street Address as above as above City State Zip City State 210 Director Name Director Name Street Address Street Address City City State Zip Zio State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Par Value Number of Shares Class/Series Par Value Class/Series 200,000 COMM \$.01 PAR VALUE 200,000 COMM \$.01

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

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	* 1 2 0 5 6 5 *
File Date	1.31.03
Check No	4585
Ву:	$\varphi$
FOR SECRETAR	RY OF STATE USE ONLY

this report, including any accompanying sche	dules and statements, and
that all statements contained herein are true	and correct.
ilevisi a dance	1/30/03
Supporture of Officer	Date
Denise A. Doyle	
Print or Type Name of Officer	" ·
President	
Title of Officer	

Form 630 12/02

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



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

<b># # •</b> "		
PROFIT	$\Gamma$ CORPORATION ANNUAL REPORT FOR THE YEAR $^{20}$	)02

Filing Period: January 1	- March 1 • F	iling Fee: \$50.00			<del></del>
FORM MUST BE TYPED IN					
I. Corporate ID No.	2. Name of Corpo		•		
*120565*		nsurance Brokers, Inc	C.		
3. Street Address Principal Bus	"		City	State	Zip
20 PARK PLAZA, S	UITE 912		BOSTON	MA	02116-4303
4. Business Phone No.		5 State of Incorpora			6 SIC Code
(617) 542-1600		MASSACHUS	ETTS		5702
7 Brief Description of the Cha TO ACT AS AN INSUR	iracter of Business Coi ANCE AGENT OR	nducted in Rhode Island BROKER			
8. NAMES AND ADDRE	SSES OF THE OF	FICERS ("X" BOX FOR	ATTACHMENT)  FILL IN SPACE  Vice President Nume	S BEFORE USING AT	TACHMENTS
Denise A. Doyle					
Street Address			Street Address		•
85 Bartlett Stree	et #2				
City	State	Zip	City	State	Zıp
Charlestown	MA	02129	2,	tout.	C.p
ecretary Name		77.20	Treasurer Name		
,			Paul I. Flynn		
Connect Address			•		
Street Address			Street Address		
_		•	330 Beacon Street	#93B	
City	State	Zıp	City	State	Zıp
	•		Boston	AM	02116
9. NAMES AND ADDRE	SSES OF THE DIF	ECTORS ("X" BOX FO	RATTACHMENT) T FILL IN SPAC	CES BEFORE USING A	ATTACHMENTS
Denise A. Doyle			Paul L. Flynn		
Street Address			Street Address		
as above			as above		
		<b>-</b> .	_	•	_
Сиу	State	Zip	City	State	Zıp
Director Name			Director Name		
Street Address			Street Address		
Сиу	State	Zip	City	State	Zıp
10. SHARES AUTHORIZ	ZED <i>("X" BOX FOR</i>	ATTACHMENT) [	11. SHARES ISSUED ("X" BC	OX FOR ATTACHMENT	nΠ
AUTHORIZED SHARES	k ===		ISSUED SHARES		´ <b>-</b>
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200,000 COMM \$.01 F	PAR VALUE		200,000	Common	# 01
•			200,000	Common	\$.01
his report must be sign	<b>red in ink</b> by eith	er the President, Vice	President, Secretary, Assistan	t Secretary. Treasu	rer. Receiver or Trus
	·		•	<i>,</i>	
* 1 2	0 5 6 5	U   -	Under penalty of perjury.	I declare and affirm t	hat I have examined
_			this report, including any	accompanying sched	ules and statements,
**120565* 8/13/022:2	7-27 DM*		and that all statements co	intained herein are true	e and correct.
120000 0/13/022.2	7.37 PM		Λ	f	1 1
File Date Y - X	300		Mexice a	Markin	8/13/02
, 1	201		Signature of Officer	<del>-                                    </del>	)ale
Check No. 4	321	_	Denise A. D	aule	
	)		Print or Type Name of Office	cr.	
$B_{Y}$ $Q$	<u></u>	_	O i		
FOR SECRETARY OF STAT	E LICE ONLY		_ tresident	_	
TOK SECKETART OF STAT	E CSE UNLY		Title of Officer	_	Form 630 1