



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 IN BLACK)

1. Corporate ID No. 120565		2. Name of Corporation Stop Loss Insurance Brokers, Inc.			
3. Street Address Principal Business Office 20 Park Plaza Suite 912		City Boston,	State MA	Zip 02116	
4. Business Phone No. (617) 542-1600		5. State of Incorporation Massachusetts		6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Denise A. Doyle		Vice President Name			
Street Address 57 Bartlett St. #5		Street Address			
City Charlestown	State MA	Zip 02129	City	State	Zip
Secretary Name		Treasurer Name Paul L. Flynn			
Street Address		Street Address 330 Beacon St. 116C			
City	State	Zip	City	State	Zip
			Boston	MA	02116
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Denise A. Doyle		Director Name Paul L. Flynn			
Street Address Same as above		Street Address Same as above			
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
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

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 Denise A. Doyle Date 8/25/05
Print or Type Name of Officer Denise A. Doyle
Title of Officer President

FILED	
File Date	<u>AUG 29 2005</u>
Check No.	
By	<u>1435</u>
FOR SECRETARY OF STATE USE ONLY <u>GSD</u>	



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

Corporations Division
100 North Main Street
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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. 120565		2. Name of Corporation Stop Loss Insurance Brokers, Inc.			
3. Street Address Principal Business Office 20 Park Plaza, Suite 912			City Boston	State MA	Zip 02116
4. Business Phone No. (617) 542-1600		5. State of Incorporation MASSACHUSETTS			6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Denise A. Doyle			Vice President Name		
Street Address 57 Bartlett Street #5			Street Address		
City Charlestown	State MA	Zip 02129	City	State	Zip
Secretary Name			Treasurer Name Paul L. Flynn		
Street Address			Street Address 330 Beacon Street 116C		
City	State	Zip	City Boston	State MA	Zip 02116
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Denise A. Doyle			Director Name Paul L. Flynn		
Street Address same as above			Street Address same as above		
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
200,000 COMM \$0.01 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



* 1 2 0 5 6 5 *

File Date **1-29-04**
Check No. **S281**
By: **lp**

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 **Denise A. Doyle** Date **1/28/04**
Print or Type Name of Officer
President
Title of Officer



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.

120565

2. Name of Corporation

Stop Loss Insurance Brokers, Inc.

3. Street Address Principal Business Office

20 Park Plaza, Suite 912

City

Boston

State

MA

Zip

02116-4303

4. Business Phone No.

(617) 542-1600

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

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

Vice President Name

Street Address

57 Bartlett Street #5

Street Address

City

Charlestown

State

MA

Zip

02129

City

State

Zip

Secretary Name

Street Address

Treasurer Name

Paul L. Flynn

Street Address

330 Beacon Street #93B

City

State

Zip

City

State

Zip

Boston

MA

02116

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Denise A. Doyle

Director Name

Paul L. Flynn

Street Address

as above

Street Address

as above

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)

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200,000 COMM \$.01 PAR VALUE

Number of Shares

Class/Series

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



* 1 2 0 5 6 5 *

File Date. 1.31.03

Check No. 4585

By UP

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

Date

Print or Type Name of Officer

Title of Officer

Form 539 12/02



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. *120565* 2. Name of Corporation Stop Loss Insurance Brokers, Inc.
3. Street Address Principal Business Office 20 PARK PLAZA, SUITE 912 City BOSTON State MA Zip 02116-4303
4. Business Phone No. (617) 542-1600 5. State of Incorporation MASSACHUSETTS 6 SIC Code 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			Vice President Name		
Street Address 85 Bartlett Street #2			Street Address		
City Charlestown	State MA	Zip 02129	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Paul L. Flynn		
			Street Address		
			330 Beacon Street #93B		
City	State	Zip	City	State	Zip
			Boston	MA	02116

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

Director Name Denise A. Doyle			Director Name Paul L. Flynn		
Street Address as above			Street Address as above		
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) ☐

Number of Shares	Class/Series	Par Value
200,000	COMM	\$.01 PAR VALUE

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

ISSUED SHARES	Class/Series	Par Value
200,000	Common	\$.01

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



* 1 2 0 5 6 5 *

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 Denise A. Doyle Date 8/13/02
Print or Type Name of Officer Denise A. Doyle
Title of Officer President

**120565* 8/13/02 2:27:37 PM*

File Date 8-23-02

Check No. 4321

By: [Signature]

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