



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. 98874		2. Name of Corporation Snap-on SecureCorp			
3. Street Address Principal Business Office 10801 Corporate Drive			City Pleasant Prairie	State WI	Zip 53158
4. Business Phone No. 262-656-6144		5. State of Incorporation Wisconsin			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island Insurance Brokerage					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Daniel H. Kugler Jr.			Vice President Name		
Street Address 10801 Corporate Drive			Street Address		
City Pleasant Prairie	State WI	Zip 53158	City	State	Zip
Secretary Name Susan F. Marrinan			Treasurer Name Blaine A. Metzger		
Street Address 10801 Corporate Drive			Street Address 10801 Corporate Drive		
City Pleasant Prairie	State WI	Zip 53158	City Pleasant Prairie	State WI	Zip 53158
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Daniel H. Kugler Jr.			Director Name Blaine A. Metzger		
Street Address 10801 Corporate Drive			Street Address 10801 Corporate Drive		
City Pleasant Prairie	State WI	Zip 53158	City Pleasant Prairie	State WI	Zip 53158
Director Name Susan F. Marrinan			Director Name		
Street Address 10801 Corporate Drive			Street Address		
City Pleasant Prairie	State WI	Zip 53158	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
1,000	Common No Par Value		100	Common	No Par Value

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



File Date 2-17-05
Check No. 993801145
By: LB
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.

Blaine A. Metzger
Signature of Officer

Date

Blaine A. Metzger
Print or Type Name of Officer

Treasurer

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 98874		2. Name of Corporation Snap-On SecureCorp	
3. Street Address Principal Business Office 10801 Corporate Drive		City Pleasant Prairie	State WI
4. Business Phone No. 262-656-6144		3. State of Incorporation Wisconsin	
		6. SIC Code	

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

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

President Name Daniel H. Kugler Jr.			Vice President Name		
Street Address 10801 Corporate Drive			Street Address		
City Pleasant Prairie	State WI	Zip 53158-1603	City Pleasant Prairie	State WI	Zip 53158-1603
Secretary Name Susan F. Marrinan			Treasurer Name Blaine Metzger		
Street Address 10801 Corporate Drive			Street Address 10801 Corporate Drive		
City Pleasant Prairie	State WI	Zip 53158-1603	City Pleasant Prairie	State WI	Zip 53158-1603

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

Director Name Susan F. Marrinan			Director Name Daniel H. Kugler Jr.		
Street Address 10801 Corporate Drive			Street Address 10801 Corporate Drive		
City Pleasant Prairie	State WI	Zip 53158-1603	City Pleasant Prairie	State WI	Zip 53158-1603
Director Name Blaine Metzger			Director Name		
Street Address 10801 Corporate Drive			Street Address		
City Pleasant Prairie	State WI	Zip 53158-1603	City	State	Zip

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

Number of Shares	Class/Series	Par Value
1,000	Common	No Par Value

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

Number of Shares	Class/Series	Par Value
100		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 8 7 4

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.

Blaine Metzger
Signature of Officer
Blaine Metzger
Print or Type Name of Officer
Treasurer
Title of Officer

File Date 4/26/04
Check No. 993725706
By: ls.
FOR SECRETARY OF STATE USE ONLY

B 4/14/04



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

2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *98874*		2. Name of Corporation Snap-On Secure Corp, Inc.			
3. Street Address Principal Business Office 10801 CORPORATE DRIVE			City PLEASANT PRAIRE	State WI	Zip 53158-01603
4. Business Phone No. 2626566144		5. State of Incorporation WISCONSIN		6. SIC Code 0	
7. Brief Description of the Character of Business Conducted in Rhode Island INSURANCE BROKERAGE					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Daniel H. Kugler JR.			Vice President Name Daniel H. Kugler JR.		
Street Address 10801 Corporate Drive			Street Address 10801 Corporate Drive		
City Pleasant Prairie	State WI	Zip 53158-1603	City Pleasant Prairie	State WI	Zip 53158-1603
Secretary Name Susan F. Marrinan			Treasurer Name Denis Loverine		
Street Address 10801 Corporate Drive			Street Address 10801 Corporate Drive		
City Pleasant Prairie	State WI	Zip 53158-1603	City Pleasant Prairie	State WI	Zip 53158-1603
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Daniel H. Kugler JR.			Director Name Denis Loverine		
Street Address 10801 Corporate Drive			Street Address 10801 Corporate Drive		
City Pleasant Prairie	State WI	Zip 53158-1603	City Pleasant Prairie	State WI	Zip 53158-1603
Director Name Susan F. Marrinan			Director Name Denis Loverine		
Street Address 10801 Corporate Drive			Street Address 10801 Corporate Drive		
City Pleasant Prairie	State WI	Zip 53158	City Pleasant Prairie	State WI	Zip 53158
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
1,000	COMMNO	PAR VALUE	100		no par value

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



**98874*11/30/03 2:54:47 PM*

File Date 3.3.03

Check No. 992615788

By: ICP

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.

Denis Loverine
Signature of Officer Date
Treasurer
Print or Type Name of Officer
Denis Loverine
Title of Officer

Snap-on Securecorp

OFFICERS

PRESIDENT

**DANIEL H. KUGLER JR.
VICE PRESIDENT**

**DENIS J. LOVERINE
TREASURER**

**SUSAN F. MARRINAN
SECRETARY**

DIRECTORS

**SUSAN F. MARRINAN
DANIEL H. KUGLER JR.**

DENIS J. LOVERINE

ADDRESS FOR ALL OFFICERS & DIRECTORS:

**10801 CORPORATE DRIVE
PLEASANT PRAIRIE, WI 53158-1603**



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. **98874**
2. Name of Corporation **Snap-On SecureCorp, Inc.**
3. Street Address Principal Business Office
10801 Corporate Drive
4. Business Phone No. **(262) 656-6144**
5. State of Incorporation **WISCONSIN**
7. Brief Description of the Character of Business Conducted in Rhode Island
Insurance Brokerage

City **Pleasant Prairie** State **WI** Zip **53158-1603**
6. SIC Code **0**

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

President Name **Donald S. Huml**
Street Address **10801 Corporate Drive**
City **Pleasant Prairie** State **WI** Zip **53158-1603**

Vice President Name **Daniel H. Kugler**
Street Address **10801 Corporate Drive**
City **Pleasant Prairie** State **WI** Zip **53158-1603**

Secretary Name **Susan F. Marrinan**
Street Address **10801 Corporate Drive**
City **Pleasant Prairie** State **WI** Zip **53158-1603**

Treasurer Name **Denis J. Loverine**
Street Address **10801 Corporate Drive**
City **Pleasant Prairie** State **WI** Zip **53158-1603**

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

Director Name **Donald S. Huml**
Street Address **10801 Corporate Drive**
City **Pleasant Prairie** State **WI** Zip **53158-1603**
Director Name **Denis J. Loverine**
Street Address **10801 Corporate Drive**
City **Pleasant Prairie** State **WI** Zip **53158-1603**

Director Name **Daniel H. Kugler**
Street Address **10801 Corporate Drive**
City **Pleasant Prairie** State **WI** Zip **53158-1603**
Director Name **none**
Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 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 8 7 4 *

File Date: 2-25-02
Check No.: 991504224
By: [Signature]

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: [Signature] Date: 2/19/02
Print or Type Name of Officer: **Denis J. Loverine**
Title of Officer: **Treasurer**



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. **98874** 2. Name of Corporation **Snap-On SecureCorp, Inc.**

3. Street Address Principal Business Office **10801 Corporate Drive** City **Pleasant Prairie** State **WI** Zip **53158-1603**

4. Business Phone No. **(262) 656-6144** 5. State of Incorporation **WISCONSIN** 6. SIC Code **0**

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

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

President Name Donald S. Huml	Vice President Name Daniel H. Kugler
Street Address 10801 Corporate Drive	Street Address 10801 Corporate Drive
City State Zip Pleasant Prairie WI 53158-1603	City State Zip Pleasant Prairie WI 53158-1603
Secretary Name Susan F. Marrinan	Treasurer Name Denis J. Loverine
Street Address 10801 Corporate Drive	Street Address 10801 Corporate Drive
City State Zip Pleasant Prairie WI 53158-1603	City State Zip Pleasant Prairie WI 53158-1603

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

Director Name Donald S. Huml	Director Name Daniel H. Kugler
Street Address 10801 Corporate Drive	Street Address 10801 Corporate Drive
City State Zip Pleasant Prairie WI 53158-1603	City State Zip Pleasant Prairie WI 53158-1603
Director Name Denis J. Loverine	
Street Address 10801 Corporate Drive	
City State Zip Pleasant Prairie WI 53158-1603	

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	COMM NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100		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 8 7 4 *

File Date: 3/5
990344472
Check No.: _____
By: [Signature]

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] 2/20/01
Signature of Officer Date
Denis J. Loverine
Print or Type Name of Officer
Treasurer
Title of Officer



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. **98874** 2. Name of Corporation **Snap-On SecureCorp, Inc.**

3. Street Address Principal Business Office **10801 Corporate Drive** City **Pleasant Prairie** State **WI** Zip **53158-1603**

4. Business Phone No. **(262)656-6144** 5. State of Incorporation **WISCONSIN** 6. SIC Code

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

Insurance Brokerage

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

President Name Donald S. Huml	Vice President Name Daniel H. Kugler
Street Address 10801 Corporate Drive	Street Address 10801 Corporate Drive
City State Zip Pleasant Prairie WI 53158-1603	City State Zip Pleasant Prairie WI 53158-1603

Secretary Name Susan F. Marrinan	Treasurer Name Denis J. Loverine
Street Address 10801 Corporate Drive	Street Address 10801 Corporate Drive
City State Zip Pleasant Prairie WI 53158-1603	City State Zip Pleasant Prairie WI 53158-1603

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

Director Name Donald S. Huml	Director Name Daniel H. Kugler
Street Address 10801 Corporate Drive	Street Address 10801 Corporate Drive
City State Zip Pleasant Prairie WI 53158-1603	City State Zip Pleasant Prairie WI 53158-1603

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

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

AUTHORIZED SHARES	Class/Series	Par Value
1,000 COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
100		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 8 7 4 *

File Date 2/22/00
Check No.: 990288619
By: [Signature]

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] 2-11-00
Signature of Officer Date
Denis J. Loverine
Print or Type Name of Officer
Treasurer
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **98874** 2. Name of Corporation **Snap-On SecureCorp, Inc.**
3. Street Address Principal Business Office
10801 CORPORATE DRIVE
4. Business Phone No. **(414)656-5200** 5. State of Incorporation **WISCONSIN**
7. Brief Description of the Character of Business Conducted in Rhode Island
INSURANCE BROKERAGE

City State Zip
PLEASANT PRAIRIE WI 53158-1603
6 SIC Code

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

President Name
DONALD S. HUML
Street Address
10801 CORPORATE DRIVE
City State Zip
PLEASANT PRAIRIE WI 53158-1603
Secretary Name
SUSAN F. MARRINAN
Street Address
10801 CORPORATE DRIVE
City State Zip
PLEASANT PRAIRIE WI 53158-1603

Vice President Name
DANIEL H. KUGLER
Street Address
10801 CORPORATE DRIVE
City State Zip
PLEASANT PRAIRIE WI 53158-1603
Treasurer Name
DENIS J. LOVERINE
Street Address
10801 CORPORATE DRIVE
City State Zip
PLEASANT PRAIRIE WI 53158-1603

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

Director Name
DONALD S. HUML
Street Address
10801 CORPORATE DRIVE
City State Zip
PLEASANT PRAIRIE WI 53158-1603

Director Name
DANIEL H. KUGLER
Street Address
10801 CORPORATE DRIVE
City State Zip
PLEASANT PRAIRIE WI 53158-1603

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value

1,000 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value

100 COMMON 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 8 7 4 *

File Date: Feb 22 99
Check No.: 990163192

By: [Signature]

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.

Denis J. Loverine 2-19-99
Signature of Officer Date

DENIS J. LOVERINE
Print or Type Name of Officer

TREASURER
Title of Officer