

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

Corporations Duasion 109 North Main Street Providence, RI 02903-1335 401 222 3040

Matthew A. Brown, Secretary of State

TKOFII CORP Filing Period: January FORM MUST BE TYPED OR	l - March 1 🕟 🕒 File	NUAL REPO! ing Fee: \$50.00	RT FOR THE YEA	AR	<u>) </u>
Conporate ID No.	2 Name of Corporate	or			
94090	CUENCA & AS	SSOCIATES INSURAN	CE AGENCY, INC.		
	heed Drive		Redding	State C [-}	96002
Business Phone No		5 State of Incorporation	m J		6 SIC Code
530 タタ3-7*	700 ocier of Business Conducted i	CALIFORNIA In Physics Industrial			0
TO ADMINISTER O	ROUP LIFE AND ACCID	ENT INSURANCE POL	ICIES.		
NAMES AND ADDRES	SSES OF THE OFFICER	S: ("X" BOX FOR AT	TACHMENT) FILL IN	SPÄCES BEFORE USING	ATTACHMENTS -
csident Name	<i>(</i> 1		Vice President Name	1	
Henry Ross	(luenca	-	Street Address	271-67	
10113 Orio	ole Lang		2110 AL	den Ave	
alo cedro	Mate (B	96073	Redding	State CFA	76.002
Nary Anne ver Address	Chenca		Henry Ro	SS Chenca	
0113 0	riole Lane		10 N 3 Or	role Lane	
Palo Cedro NAMES AND ADDRES	STATE C TA	ORS: ("X" BOX FOR		IN SPACES BEFORE USIN	G ATTACHMENTS
restor Name Henry Ro	3		Director Name	is a Change	o arrayistivi
ret Address	s above.		Street Address Same as	above	
)	State	Zιp	Cuy	State	Ζφ
rector Name	L	J	The set of No. 1		
-			Director Name		
et Address	•	·	Street Address	٠,	
r'	State	Zip	City	State	Ζιφ
THORIZED SHARES	ED ("X" BOX FOR AT	TACHMENT) [11. SHARES ISSUED ISSUED SHARES	("X" BOX FOR ATTACHN	MENT) []
mber of Shares	Class Series	Par Value	Number of Shares	Class/Series	Par Value
75,000 \$1.00 PAR VALU	JE		250	Common	9/.00
This report must	be signed in ink by eit	ther the President. Vici	e President, Secretary, Assist	ant Secretary Treasurer P	ecgiver or Trustee
			·		
 - 	*94090			erjury. I declare and affirm that inpanying schedules and states in true and correct.	
le Date	7/05		Tiebu	Marler	1/21/0
leck No	239	.	Stanature of Officer Vickie	Marler	Đate
· <u> </u>	A		Print or Type Name of	of Officer	
FOR SECRETARY O	F STATE USE ONLY		Title of Officer	preent of Fit	rance



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

Filing Period: January 1 - M (FORM MUST BE TYPED OR PRIN		ling Fee: \$50.00			
I Corporate ID No 94090	2. Name of Corporal CUENCA & A	ssociates insuranc	E AGENCY, INC.		
3 Street Address Principal Business (2701 Park Mar 4. Business Phone No.			Redding	State	71p 96001
530-225-8	888	5. State of Incorporation CALIFORNIA		1	6 SIC Code 0
7. Brief Description of the Character TO ADMINISTER GROU	of Business Conducted IP LIFE AND ACCIE	in Rhode Island DENT INSURANCE POLIC	CIES.		•
8. NAMES AND ADDRESSES President Name	OF THE OFFICE			N'SPACES BEFORE USING	GATTACHMENTS
Sirver Address	Susport		Sireci Address	ne Cuence	
1415 St. Ande	ews Drive		10113000	le lane	
Redding	CA	96003	Palo Cedro	State CA	7607.3
Mary Anne Case	nca		Heory Ross	Cuenca.	
	hane		Street Address \	ie Lane.	
Palo Cedro 9. NAMES AND ADDRESSES	State A	7.ip 96073	Palo Cedro	State CA	^{Zip} 96073
Director Name Heary Ross	Cuenca	ORS: (A BOAFOR A	Director Name	IN SPACES BEFORE USIN	NG ATTACHMENTS
Sirect Address		<u> </u>	Sinvel Address		
Cuy	State	Zip	City	State	Zip
Director Name	.J	J	Director Nume		
Street Address	<u>-</u> -		Street Address		
Сйү	State	Zip	Cuy	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR AT	TTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACH	MENT)
Number of Shares	Class/Series	Par Value	Number of Shares	ClassiSeries	Par Value
75,000 \$1.00 PAR VALUE	·		250	Common	\$ # 1.00
This report quet has	igned in internet	isharaha Danidana Wasa	D		
		the President, vice	President, Secretary, Assis Under penalty of p		Receiver or Trustee
File Date	<u> 4090</u> A	•	including any acco		ements, and that all statements $2/257/05$
Check No		_	Signature of Officer	7	Date
By:		-	Print or Type Name	A Ensburg	1
FOR SECRETARY OF STA	TE USE ON V	_	Preside	n4	

Title of Officer

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 _



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IEMBAI MIIST RE TYTEN IN DDINITEN IN DI ACID			

1.	Corporate	ID No.	

2. Name of Corporation

94090

CUENCA & ASSOCIATES INSURANCE AGENCY, INC.

3. Street Address Principal Business Office

5. State of Incorporation

Redding

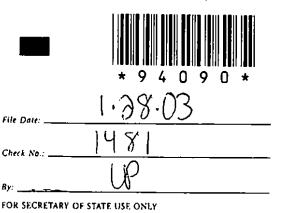
96001-2805

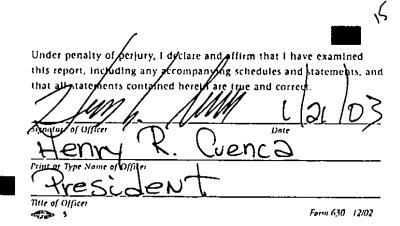
CALIFORNIA

(530) 225-8888 C. 7. Brief Discription of the Character of Business Conducted in Rhode Island

olderteininkfly	n_afgroup in	<u>source prod</u>	wets.		
8. NAMES AND ADDRE	SSES OF THE OFFI	CERS ("X" BOX FOR AT	TTACHMENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTA	CHMENTS
Henry Ross	Coenca		Mary Anne	. Cuenca	
10113 Octobe		Zip	chy (Same)	State	Zip
Secretary Name	CA	96073.	Treasurer Name		
Mary Arne			Henry Ross	Cuenca	
10113 Octobe	Lane State	Zip	cuy (Same)	State	Zip
9. NAMES AND ADDRE	CA	ב דסטץ CTORS (יx' BOX FOR) 	TEC BEFORE DOING ASSE	'. O
Director Name			Director Name	CES BEFORE USING ATT	
Henry Ros	s Chenca	•	Street Address	me Cuenc	e.
city (Same)	State	Zip	city (Same)	State	Zip
Director Name			Director Name		- •
Street Addids			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZI	ED ("X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
75,000 \$1.00 PAR VALUE			250	Commo	~ \$/.00

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





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

Edward S. Inman, 111. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT	CORPORATION	ANNUAL REPORT	FOR	ТНЕ	YEAR	2002
iling Period	: January 1-March 1 •	Filing Fee: \$50.00				



(FORM	MUST	BE	TYPED IN	BLACK)

1. Corporate ID No.

2. Name of Corporation

94090

CUENCA & ASSOCIATES INSURANCE AGENCY, INC.

Redding S. State of Incorporation

96001-2805

(530) 225-8888
7. Rrief Description of the Character of Business Conducted in Rhode Island

CALIFORNIA

Ident Name		Vice President Name		
enry Ross Cuenca		Street Address	ve Cuenca)	
0113 Oriole Lane who Cedro CA		(Same)	
State	Zip	City	State	Zip
ary Name	96.673	Treasurer Name	•	
acy Anne Cuenca			ss Cuenca mej	,
113 Oriole Love		(5a	me)	
113 Oriole Lave lo Cedro CA	21p 96073	City	State	Zip
AMES AND ADDRESSES OF THE DIR		TACHMENT) FILL IN SPA	CES BEFORE USING A	TTACHMENTS
		Director Name	_	
tenry Ross Cuence (Same)	<u>a</u>	Mary An.	ve Cuenca samej	
(Same)		/ <	1	
State	Zip	City City	same	Zip
	•• •			•
r Name		Director Name		
NA		NA		

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

AUTHORIZED SHARES

Number of Shares 75,000 \$1.00 PAR VALUE Class/Series

State

Zip

City

Zio

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

ESSUTED SHARES

Number of Shares

\$ 1.00

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

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

75,000 \$1.00 PAR VALUE

Class/Series

AUTHORIZED SHARES

Number of Shares

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. 2. Name of Corporation 94090 CUENCA & ASSOCIATES INSURANCE AGENCY, INC. 3. Street Address Principal Business Office 2701 PARK MARINA DRIVE, IST FLOOR (530) 225-88 CALIFORNIA 7 Brief Description of the Character of Business Conducted in Rhode Island -To-administer group life and accident insurance pulicies. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Nam MARY HENRY ROSS CUENCA ANNE CUENCA Street Address DRIOLE LAWE City PALO CEDR Secretary Name ANNE CUENCA MARY Hanky 10113 ORIOLE LANE State City Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS HENR 4 RUSS CUENCA ANNE CUENCA MAKY Street Address City City Zip Director Name Street Address City State Zip City State Zip

T er, Receiver or Trustee

ESUED SHARES

Number of Shares

Title of Officer

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

Class/Series

Common

This report must be signed in ink by either the President,	Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Truste
* 9 4 0 9 0 *	Under penalty of perjury declare and affirm that I have examined this report, hydroling any accompanying schedules and statements, and
Este Date:	that all statements contained togeth the grue and correct.
Check No 8749	Signature of Officer Date
By:	Frint or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	

Par Value



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

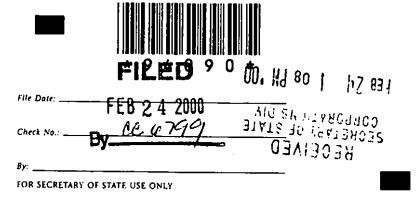
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 Filling Fee: \$50.00

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 94090 3. Street Address Principal Business Office CUENCA & ASSOCIATES INSURANCE AGENCY, INC.

4. Business Phone No.	ARINA DRIVI	S. State of Incorporation	REDDING	CA	96001
530,225,8888					6400
7. Brief Description of the Character of	of Business Conducted in Rho	CALIFORNIA te Island			0 100
SALE ADMI	NISTRATIONS O	F GROUP LIFE	PRODUCTS		
8. NAMES AND ADDRESS	ES OF THE OFFICER	S ("X" BOX FOR ATTACHN		ACES BEFORE USING ATTACHME	NTS
President Name			Vice President Name		·
HENRY ROSS CU	KNCH		MARY	ANNE CUENCA	
Street Address			Street Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
10113 ORIOLE	LANGE		(<a< td=""><td>me)</td><td></td></a<>	me)	
Clay	State	Zip	City	State	Zip
PALO CEDRO	ca	96073			·
Secretary Name		· —	Treasurer Name		
MARY ANNE	CUENCA		HENRY Street Address	ROSS CUENCA	
10113 ORIOL	E LANE		(<	Ame)	
City	State	Zip	City	State	ZIp ·
PALO CEDRO	CA	96083	,	2.2.1	2.19
9. NAMES AND ADDRESS			HMENT) FILL IN 9	SPACES BEFORE USING ATTACHN	AF NTS
Director Name			Director Name	THE COURT OF THE C	ILINIS
HENRY R.	CUENCA		MARY	ANNE CUENCA	
Street Address ,			Street Address	/	
(SAME)			(SAME)	
City	State	Zip	City	State	Zip
Director Name	•		Director Name		
NA			NIA		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR ATTACHM	ENT)	11. SHARES ISSU	ED ("X" BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Classification	n., p.t

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

Number of Shares



75,000 \$1.00 PAR VALUE

Under penalty of perjury I declare and affirm that I have examined this report, ipcluding any accompanying schedules and statements, and ements contained herein are true and correct. 020700 Signature of Officer R. HENRY CUENCA Print or Type Name of Officer PRESIDENT

Class/Series

Common

Title of Officer



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 1999

STOP PILASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BL	ACK)				
1. Corporate ID No.	2. Name of Corpor	ation	-	•	
. 94090 3. Street Address Principal Busines	CUENCA &	ASSOCIATES INSURA	ANCE AGENCY, INC.	State	71.
2701 PARK MARI 4. Business Phone No.		S. State of Incorporation	REDDING	CA	Zip 96001 6. SIC Code
530/225-8888 7. Brief Description of the Charact SALE AND ADMEN		CALIFORNIA in Rhode Island GROUP INSURANCE P	DODLIGMO		6400
			RODUCTS HMENT) + FILL IN SPACES BI		
President Name	JOES OF THE OFF	ICERS (A BOX FOR ATTACE	Vice President Name	EFORE USING ATTA	CHMENTS
HENRY ROSS CUE	NCA		MARY ANNE CUENCA	4	
Street Address			Street Address	•	
10113 ORIOLE L	N		10113 ORIOLE LN		
City	State	Zip	City	State	Zip
PALO CEDRO	CA	96073	PALO CEDRO	CA	96073
Secretary Name		• •	Treasurer Name	• •	** * * * **** **** **
MARY ANNE CUEN	CA		HENRYHORD CUENCA	A	
Street Address			Street Address		
101130RIOLE LN	•		10113 ORIOLE LN		
PALO CEDRO	state CA	zip 96073	City	State	Zip
9. NAMES AND ADDRES			· PALO CEDRO	CA	96073
Director Name	SSES OF THE DIK	ECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES Director Name	BEFORE USING ATT	ACHMENTS
HENRY ROSS CUE	NCA		: MARY ANNE CUENCA	•	
Street Address			Street Address	•	
10113 ORIOLE L	V	i	: 10113 ORIOLE LN		
City	State	Zip	* City	State	Zip
PALO CEDRO	CA	96073	PALO CEDRO	CA	96073
Director Name		• • • • • • • • • • • • • • • • • • • •	Director Name		,
N/A			, N/A		
Street Address			Street Address		
City	State	Zip	÷ cuy	State	Zip
10. SHARES AUTHORIZE	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*x*	POV FOR ATTACULARY	-
AUTHORIZED SHARES		,	I ISSUED SHARES	BOX FOR ATTACHMEN	^{//} + - +
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
	LUE		250	COMMON	\$1.00

File Date:	106 11199
Check No.:	9477
Ву:	30- N
FOR SECRETARY	OF STATE HEE 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 the professional and correct.

Signature of Officer

Date

HENRY ROSS CUENCA

Print or Type Name of Officer

PRESIDENT

Title of Officer



James R. Langevin, Secretary of State _....*****. Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Title	-Murch 1	ring	rec: \$50.00	
(CODIA LUCE DE DICE.	_			

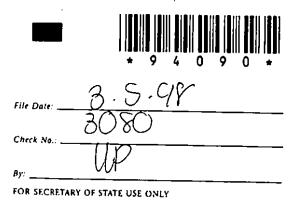
(FORM MUST BE TYPED IN BL/	ICK)
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L. Corporate ID No. 94090

2. Name of Corporation

94090	CUENCA & AS	SSOCIATES INSURA	NCE AGENCY, INC.		
3. Street Address Principal Business (Office		Gity	State	
2701 PARK MA	KINA DRIVE		•		Zip
4. Business Phone No.		S. State of Incorporation	REDDING	CA	96001
530-225 <i>-</i> 8	ያ <u>የ</u> የ	CALIFORNIA			6. SIC Code
7. Brief Description of the Character		ode Island			6400
SALES AND	ADMINISTDATI	and AS GROUP	INSURANCE PRO	0	
8. NAMES AND ADDRESS	ES OF THE OFFICE	BS (*Y POY FOR ATTACK	THIS WITHOUT PED	DUCTS	
President Name		NO CA BUATUR ATTACH!	NENT) Vice President Name		
HENRY R. C.	USALCA			, α	
Street Address	~ CIOCIA		Street Address	SAME AS SECRI	ETARY —
10113 ORIO	E / ALIC		Street Maaress		
City	State	Zin	City	_	
PALO CEDRO	CA	2ip 96073	City	State	Zip
Secretary Name		160 (3	Treasurer Name		
MARY ANNE CO	16,101		_	0-	
Street Address	- CNCM		- SAME AS	PRESIDENT -	
10113 ORIGLE	1 0450		Street Mubiess		
City	State	Zip ·	City	. .	
PALO CEDRO	CA	96073	Chy	State	Zip
9. NAMES AND ADDRESSI	ES OF THE DIRECT	, , , ,	PIL CHAMA		
Director Name			MMENT) Director Name	•	
HENRY R. CU	8. 1C.A				
Street Address	COCK		Noいと Street Address		
10113 ORIOLE	1 Ause		Street Address		
City	State	Zio	City	•	,
PALO CEDRO	CA	96073	City	State	Zip
Director Name			Director Name		
MARY ANNE CU	FNCA		* -		
Street Address	GOCH		NONE Street Address		
10113 ORIDLE	1 sale.		ovver visurejj		
City	State	Zip	City	State.	
PALO CEORO	CA	96073	,	State	Zip
10. SHARES AUTHORIZED	(*X* BOX FOR ATTACH)	AENT)	11 CHARES ISSUED AN	• • • • • • • • • • • • • • • • • • • •	
AUTHORIZED SHARES		···	11. SHARES ISSUED (*X	" BUX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Classic I	
			The states	Class/Series	Par Value
75,000 \$1.00 PAR VAL	.UE		250	Common	\$ 100
			<u> </u>	4 011 111 011	- 1, 0

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



Under penalty of perfury, I declare and affirm that I have examined including any accompanying schedules and statements, and that att statements contained herein and true and correct. Signature of Officer HENRY R. Print or Type Name of Officer PRESIDENT Title of Officer