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 OR PRINTED IN BLACK)

1 Corporate ID No.	2 Name of Corporation		
94090	CUENCA & ASSOCIATES INSURANCE AGENCY, INC.		
3 Street Address Principal Business Office: 6724 Lockheed Drive, Suite1	City: Redding	State: CA	Zip: 96002
4 Business Phone No: 530 223-7700	5 State of Incorporation: CALIFORNIA		6 SIC Code: 0

7 Brief Description of the Character of Business Conducted in Rhode Island
TO ADMINISTER GROUP LIFE AND ACCIDENT INSURANCE POLICIES.

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

President Name	Vice President Name
Henry Ross Cuenca	Vickie Marler
Street Address: 10113 Oriole Lane	Street Address: 2110 Alden Ave.
City: Palo Cedro / State: CA / Zip: 96073	City: Redding / State: CA / Zip: 96002
Secretary Name	**Treasurer Name**
Mary Anne Cuenca	Henry Ross Cuenca
Street Address: 10113 Oriole Lane	Street Address: 10113 Oriole Lane
City: Palo Cedro / State: CA / Zip: 96073	City: Palo Cedro / State: CA / Zip: 96073

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

Director Name	Director Name
Henry Ross Cuenca	Mary Anne Cuenca
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)* ☐ **11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
75,000	$1.00 PAR VALUE		250	Common	$1.00

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

[redacted] [redacted]

94090

File Date 4/27/05
Check No 3339
By: DA

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Vickie Marler 1/21/05
Signature of Officer *Date*

Vickie Marler
Print or Type Name of Officer

Vice President of Finance
Title of Officer

Form 630 Rev. 12/03

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

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			
94090	CUENCA & ASSOCIATES INSURANCE AGENCY, INC.			
3. Street Address Principal Business Office		City	State	Zip
2701 Park Marina Drive, 1st Floor		Redding	CA	96001
4. Business Phone No.	5. State of Incorporation			6. SIC Code
530-225-8888	CALIFORNIA			0

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ADMINISTER GROUP LIFE AND ACCIDENT INSURANCE POLICIES.

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

President Name	Vice President Name
Richard A. Ensbury	Mary Anne Cuenca
Street Address	Street Address
1412 St. Andrews Drive	10113 Oriole Lane
City / State / Zip	City / State / Zip
Redding CA 96003	Palo Cedro CA 96073
Secretary Name	**Treasurer Name**
Mary Anne Cuenca	Henry Ross Cuenca
Street Address	Street Address
10113 Oriole Lane	10113 Oriole Lane
City / State / Zip	City / State / Zip
Palo Cedro CA 96073	Palo Cedro CA 96073

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

Director Name	Director Name
Henry Ross Cuenca	Mary Anne Cuenca
Street Address	Street Address
Same	Same
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*	*Number of Shares*	*Class/Series*	*Par Value*
75,000 $1.00 PAR VALUE			250	Common	$1.00

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

[redacted]

94090

File Date 2-27-04
Check No 2540
By: ICP
FOR SECRETARY OF STATE USE ONLY

[redacted]

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* 2/25/04

Richard A. Ensbury
Print or Type Name of Officer

President
Title of Officer

Form 630 Rev. 12/03

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

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1–March 1st • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.: 94090
2. Name of Corporation: CUENCA & ASSOCIATES INSURANCE AGENCY, INC.
3. Street Address Principal Business Office: 2701 Park Marina Drive, 1st Floor — City: Redding — State: CA — Zip: 96001-2805
4. Business Phone No.: (530) 225-8888
5. State of Incorporation: CALIFORNIA
6. SIC Code: 0
7. Brief Description of the Character of Business Conducted in Rhode Island: Administration of group insurance products.

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

President Name: Henry Ross Cuenca
Street Address: 10113 Oriole Lane
City: Palo Cedro — State: CA — Zip: 96073

Vice President Name: Mary Anne Cuenca
Street Address: (Same)
City — State — Zip

Secretary Name: Mary Anne Cuenca
Street Address: 10113 Oriole Lane
City: Palo Cedro — State: CA — Zip: 96073

Treasurer Name: Henry Ross Cuenca
Street Address: (Same)
City — State — Zip

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

Director Name: Henry Ross Cuenca
Street Address: (Same)
City — State — Zip

Director Name: Mary Anne Cuenca
Street Address: (Same)
City — State — Zip

Director Name: N/A
Street Address
City — State — Zip

Director Name: N/A
Street Address
City — State — Zip

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

AUTHORIZED SHARES

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

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
250	Common	$1.00

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

[redacted]

94090

File Date: 1.28.03

Check No.: 1481

By: UP

FOR SECRETARY OF STATE USE ONLY

[redacted]

15

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: 1/21/03

Print or Type Name of Officer: Henry R. Cuenca

Title of Officer: President

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 94090
2. Name of Corporation: CUENCA & ASSOCIATES INSURANCE AGENCY, INC.
3. Street Address Principal Business Office: 2701 Park Marina Drive, 1st Floor — City: Redding — State: CA — Zip: 96001-2805
4. Business Phone No.: (530) 225-8888
5. State of Incorporation: CALIFORNIA
6. SIC Code: 0
7. Brief Description of the Character of Business Conducted in Rhode Island:

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

President Name: Henry Ross Cuenca
Street Address: 10113 Oriole Lane
City: Palo Cedro — State: CA — Zip: 96073

Vice President Name: Mary Anne Cuenca
Street Address: (Same)
City — State — Zip

Secretary Name: Mary Anne Cuenca
Street Address: 10113 Oriole Lane
City: Palo Cedro — State: CA — Zip: 96073

Treasurer Name: Henry Ross Cuenca
Street Address: (Same)
City — State — Zip

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

Director Name: Henry Ross Cuenca
Street Address: (Same)
City — State — Zip

Director Name: Mary Anne Cuenca
Street Address: (Same)
City — State — Zip

Director Name
Street Address: N/A
City — State — Zip

Director Name
Street Address: N/A
City — State — Zip

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

AUTHORIZED SHARES

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

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
250	Common	$1.00

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

* 9 4 0 9 0 *

File Date: 3-5-02

Check No.: 9545

By: Cu

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: 2/26/02

Henry R. Cuenca
Print or Type Name of Officer

President
Title of Officer

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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

41

STOP
PLEASE READ INSTRUCTIONS

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No: 94090
2. Name of Corporation: CUENCA & ASSOCIATES INSURANCE AGENCY, INC.
3. Street Address Principal Business Office: 2701 PARK MARINA DRIVE, 1ST FLOOR — City: REDDING — State: CA — Zip: 96001-2805
4. Business Phone No.: (530) 225-8888
5. State of Incorporation: CALIFORNIA
6. SIC Code: 0
7. Brief Description of the Character of Business Conducted in Rhode Island: --To administer group life and accident insurance policies.

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

President Name: HENRY ROSS CUENCA
Street Address: 10113 ORIOLE LANE
City: PALO CEDRO — State: CA — Zip: 96073

Vice President Name: MARY ANNE CUENCA
Street Address: (SAME)
City — State — Zip

Secretary Name: MARY ANNE CUENCA
Street Address: 10113 ORIOLE LANE
City: PALO CEDRO — State: CA — Zip: 96073

Treasurer Name: HENRY ROSS CUENCA
Street Address: (SAME)
City — State — Zip

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

Director Name: HENRY ROSS CUENCA
Street Address: (SAME)
City — State — Zip

Director Name: MARY ANNE CUENCA
Street Address: (SAME)
City — State — Zip

Director Name: N/A
Street Address
City — State — Zip

Director Name: N/A
Street Address
City — State — Zip

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

AUTHORIZED SHARES

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

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
250	Common	$1.00

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

[redacted]

* 9 4 0 9 0 *

File Date: 3/26/01

Check No.: 8249

By: KD

FOR SECRETARY OF STATE USE ONLY

[redacted]

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

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

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~~

STOP PLEASE READ INSTRUCTIONS

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 94090

2. Name of Corporation CUENCA & ASSOCIATES INSURANCE AGENCY, INC.

3. Street Address Principal Business Office 2701 PARK MARINA DRIVE, FIRST FL. *City* REDDING *State* CA *Zip* 96001

4. Business Phone No. 5302258888

5. State of Incorporation CALIFORNIA

6. SIC Code 6400

7. Brief Description of the Character of Business Conducted in Rhode Island
SALE & ADMINISTRATION OF GROUP LIFE PRODUCTS

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

President Name HENRY ROSS CUENCA
Street Address 10113 ORIOLE LANE
City PALO CEDRO *State* CA *Zip* 96073

Vice President Name MARY ANNE CUENCA
Street Address (SAME)
City *State* *Zip*

Secretary Name MARY ANNE CUENCA
Street Address 10113 ORIOLE LANE
City PALO CEDRO *State* CA *Zip* 96073

Treasurer Name HENRY ROSS CUENCA
Street Address (SAME)
City *State* *Zip*

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

Director Name HENRY R. CUENCA
Street Address (SAME)
City *State* *Zip*

Director Name MARY ANNE CUENCA
Street Address (SAME)
City *State* *Zip*

Director Name N/A
Street Address
City *State* *Zip*

Director Name N/A
Street Address
City *State* *Zip*

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

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

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

Number of Shares	Class/Series	Par Value
250	COMMON	$1.00

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

FILED 90

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RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

File Date: FEB 24 2000

Check No.: CK 6799

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 true and correct.

[signature]
Signature of Officer

020700
Date

HENRY R. CUENCA
Print or Type Name of Officer

PRESIDENT
Title of Officer

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

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~~

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 94090

2. Name of Corporation CUENCA & ASSOCIATES INSURANCE AGENCY, INC.

3. Street Address Principal Business Office 2701 PARK MARINA DR, 1ST FLOOR
City REDDING *State* CA *Zip* 96001

4. Business Phone No. 530/225-8888

5. State of Incorporation CALIFORNIA

6. SIC Code 6400

7. Brief Description of the Character of Business Conducted in Rhode Island
SALE AND ADMINISTRATION OF GROUP INSURANCE PRODUCTS

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

President Name HENRY ROSS CUENCA
Street Address 10113 ORIOLE LN
City PALO CEDRO *State* CA *Zip* 96073

Vice President Name MARY ANNE CUENCA
Street Address 10113 ORIOLE LN
City PALO CEDRO *State* CA *Zip* 96073

Secretary Name MARY ANNE CUENCA
Street Address 10113ORIOLE LN
City PALO CEDRO *State* CA *Zip* 96073

Treasurer Name HENRY ROSS CUENCA
Street Address 10113 ORIOLE LN
City PALO CEDRO *State* CA *Zip* 96073

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

Director Name HENRY ROSS CUENCA
Street Address 10113 ORIOLE LN
City PALO CEDRO *State* CA *Zip* 96073

Director Name MARY ANNE CUENCA
Street Address 10113 ORIOLE LN
City PALO CEDRO *State* CA *Zip* 96073

Director Name N/A
Street Address
City *State* *Zip*

Director Name N/A
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
75,000		**$1.00 PAR VALUE**

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
250	COMMON	$1.00

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

[redacted]

* 9 4 0 9 0 *

File Date: feb 11, 99

Check No.: 9477

By: DD - TC

FOR SECRETARY OF STATE USE ONLY

[redacted]

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* 2/9/99

HENRY ROSS CUENCA
Print or Type Name of Officer

PRESIDENT
Title of Officer

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

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

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 94090
2. Name of Corporation: CUENCA & ASSOCIATES INSURANCE AGENCY, INC.
3. Street Address Principal Business Office: 2701 PARK MARINA DRIVE — City: REDDING — State: CA — Zip: 96001
4. Business Phone No.: 530-225-8888
5. State of Incorporation: CALIFORNIA
6. SIC Code: 6400
7. Brief Description of the Character of Business Conducted in Rhode Island: SALES AND ADMINISTRATION OF GROUP INSURANCE PRODUCTS

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name: HENRY R. CUENCA
Street Address: 10113 ORIOLE LANE
City: PALO CEDRO — State: CA — Zip: 96073

Secretary Name: MARY ANNE CUENCA
Street Address: 10113 ORIOLE LANE
City: PALO CEDRO — State: CA — Zip: 96073

Vice President Name: — SAME AS SECRETARY —
Street Address:
City: — State: — Zip:

Treasurer Name: — SAME AS PRESIDENT —
Street Address:
City: — State: — Zip:

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

Director Name: HENRY R. CUENCA
Street Address: 10113 ORIOLE LANE
City: PALO CEDRO — State: CA — Zip: 96073

Director Name: MARY ANNE CUENCA
Street Address: 10113 ORIOLE LANE
City: PALO CEDRO — State: CA — Zip: 96073

Director Name: NONE
Street Address:
City: — State: — Zip:

Director Name: NONE
Street Address:
City: — State: — Zip:

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

AUTHORIZED SHARES

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

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
250	Common	$1.00

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

* 9 4 0 9 0 *

File Date: 3.5.98
Check No.: 3080
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: 02-27-98

HENRY R. CUENCA
Print or Type Name of Officer

PRESIDENT
Title of Officer