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*		
110192	VENTURE PROGRAMS, INC.		
3. Street Address Principal Business Office	*City*	*State*	*Zip*
130i Wrights Lane East	West Chester	PA	19380
4. Business Phone No.	*5. State of Incorporation*		*6. SIC Code*
610-692-9701	PENNSYLVANIA		

7. Brief Description of the Character of Business Conducted in Rhode Island
INSURANCE MARKETING, BROKERAGE, SALES AND RELATED SERVICES.

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

President Name	*Vice President Name*
Philip J. Harvey	Joseph J. Dolce
Street Address	*Street Address*
743 Providence Road	867 Chandlee Drive
City / *State* / *Zip*	*City* / *State* / *Zip*
Malvern / PA / 19355	West Chester / PA / 19382
Secretary Name	*Treasurer Name*
Elizabeth Harvey	Tina K. Land
Street Address	*Street Address*
743 Providence Road	200 Captain Robinson Drive
City / *State* / *Zip*	*City* / *State* / *Zip*
Malvern / PA / 19355	Avondale / PA / 19311

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

Director Name	*Director Name*
Philip J. Harvey	
Street Address	*Street Address*
743 Providence Road	
City / *State* / *Zip*	*City* / *State* / *Zip*
Malvern / PA / 19355	
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*
1,000 COMM $1.00 PAR VALUE			500	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]

110192

File Date 2-14-05

Check No. 009876

By: CB

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* 2/3/05

Philip J. Harvey
Print or Type Name of Officer

PRESIDENT
Title of Officer

[redacted]

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			
110192	VENTURE PROGRAMS, INC.			
3 Street Address Principal Business Office: 1301 Wrights Lane East		City: West Chester	State: PA	Zip: 19380
4 Business Phone No.: (610) 692-9701	5 State of Incorporation: PENNSYLVANIA			6. SIC Code

7 Brief Description of the Character of Business Conducted in Rhode Island
INSURANCE MARKETING, BROKERAGE, SALES AND RELATED SERVICES.

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

President Name	Street Address	City	State	Zip
Philip J. Harvey	743 Providence Road	Malvern	PA	19355

Vice President Name	Street Address	City	State	Zip
Joseph J. Dolce	867 Chandlee Drive	West Chester	PA	19382

Secretary Name	Street Address	City	State	Zip
Elizabeth A. Harvey	743 Providence Road	Malvern	PA	19355

Treasurer Name	Street Address	City	State	Zip
TINA K. LAND	206 South Broad Street	Kennett Square	PA	19348

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

Director Name	Street Address	City	State	Zip
Philip J. Harvey	743 Providence Road	Malvern	PA	19355

Director Name	Street Address	City	State	Zip
Elizabeth A. Harvey	743 Providence Road	Malvern	PA	19355

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 COMM $1.00 PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
500	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]

* 1 1 0 1 9 2 *

File Date 2.2.04

Check No. _____

By: _____

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* 1/26/04

Print or Type Name of Officer Philip J. Harvey

Title of Officer President

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
110192	VENTURE PROGRAMS, INC.

3. Street Address Principal Business Office	City	State	Zip
1301 Wrights Lane East	West Chester	PA	19380

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(610) 692-9701	PENNSYLVANIA	

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

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

President Name	Vice President Name
Philip J. Harvey	Joseph J. Dolce
Street Address: 743 Providence Road	Street Address: 867 Chandlee Drive
City: Malvern State: PA Zip: 19355	City: West Chester State: PA Zip: 19382
Secretary Name	**Treasurer Name**
Elizabeth Harvey	Tina K. Land
Street Address: 743 Providence Road	Street Address: 206 South Broad Street
City: Malvern State: PA Zip: 19355	City: Kennett Square State: PA Zip: 19348

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

Director Name	Director Name
Philip J. Harvey	Street Address:
Street Address: 743 Providence Road	City: State: Zip:
City: Malvern State: PA Zip: 19355	
Director Name	**Director Name**
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	COMM	$1.00 PAR VALUE

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

ISSUED SHARES

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

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

[redacted]

* 1 1 0 1 9 2 *

File Date: 2/3/03

Check No.: 005228

By: [redacted]

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: 1/20/03

Print or Type Name of Officer: Philip J. Harvey

Title of Officer: President

Form 630 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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 110192

2. Name of Corporation VENTURE PROGRAMS, INC.

3. Street Address Principal Business Office 1301 Wrights Lane East

City West Chester *State* PA *Zip* 19380

4. Business Phone No 610-692-0953

5. State of Incorporation PENNSYLVANIA

6. SIC Code

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

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

President Name Philip J. Harvey
Street Address 743 Providence Rd.
City Malvern *State* PA *Zip* 19355

Vice President Name Joseph J. Dolce
Street Address 867 Chandlee Drive
City West Chester *State* PA *Zip* 19382

Secretary Name Elizabeth Harvey
Street Address 743 Providence Rd.
City Malvern *State* PA *Zip* 19355

Treasurer Name Tina K. Land
Street Address 200 South Broad Street
City Kennett Square *State* PA *Zip* 19348

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

Director Name Philip J. Harvey
Street Address 743 Providence Rd
City Malvern *State* PA *Zip* 19355

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000 COMM		$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
500	Common	$1.00

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

* 1 1 0 1 9 2 *

File Date: 2-28-02

Check No.: 2755

By: Dc

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 [signature] *Date* 2/22/02

Print or Type Name of Officer Philip J. Harvey

Title of Officer President

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

Corporations Division
Dept. No. 23 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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No: 110192
2. Name of Corporation: VENTURE PROGRAMS, INC.
3. Street Address Principal Business Office: 1301 WRIGHTS LANE EAST — City: WEST CHESTER — State: PA — Zip: 19380
4. Business Phone No.: 610 692 0953
5. State of Incorporation: PENNSYLVANIA
6. SIC Code:
7. Brief Description of the Character of Business Conducted in Rhode Island: INSURANCE SERVICES

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

President Name: PHILIP J HARVEY
Street Address: 743 PROVIDENCE ROAD
City: MALVERN — State: PA — Zip: 19355

Vice President Name: JOSEPH J DUCCE
Street Address: 867 CHANDLEE DRIVE
City: WEST CHESTER — State: PA — Zip: 19382

Secretary Name: ELIZABETH HARVEY
Street Address: 743 PROVIDENCE ROAD
City: MALVERN — State: PA — Zip: 19355

Treasurer Name: TINA K LAND
Street Address: 206 SOUTH BROAD STREET
City: KENNETT SQ — State: PA — Zip: 19348

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

Director Name: PHILIP J. HARVEY
Street Address: 743 PROVIDENCE ROAD
City: MALVERN — State: PA — Zip: 19355

Director Name:
Street Address:
City — State — Zip:

Director Name:
Street Address:
City — State — Zip:

Director Name:
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~~	$1 PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
500	Common	$1

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

* 1 1 0 1 9 2 *

File Date: 3/1

Check No.: 725

By: C

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: 3-5-2001

Print or Type Name of Officer: Tina K Land

Title of Officer: Treasurer

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

Jeffrey R. Lang, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

STOP
PLEASE READ INSTRUCTIONS

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. 110192 *2. Name of Corporation*

23-2865905 **VENTURE PROGRAMS, INC.**

3. Street Address Principal Business Office | *City* | *State* | *Zip*

1301 Wright's Lane East | **West Chester** | **PA** | **19380**

4. Business Phone No. | *5. State of Incorporation* | *6. SIC Code*

610-692-9701 | **PA** | 6411

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

Insurance Sales & Marketing

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

President Name
Philip J. Harvey
Street Address
743 Providence Road
City | *State* | *Zip*
Malvern, | **PA** | **19355**

Vice President Name
Joseph J. Dolce
Street Address
867 Chandlee Drive
City | *State* | *Zip*
West Chester | **PA** | **19382**

Secretary Name
Elizabeth Harvey
Street Address
743 Providence Road
City | *State* | *Zip*
Malvern | **PA** | **19355**

Treasurer Name
Tina K. Land
Street Address
206 S. Broad Street
City | *State* | *Zip*
Kennett Square | **PA** | **19348**

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

Director Name
Philip J. Harvey
Street Address
743 Providence Road
City | *State* | *Zip*
Malvern | **PA** | **19355**

Director Name
Elizabeth Harvey
Street Address
743 Providence Road
City | *State* | *Zip*
Malvern | **PA** | **19355**

Director Name
Street Address
City | *State* | *Zip*

Director Name
Street Address
City | *State* | *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1000	**Common**	**Zero**

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
500	**Common**	**Zero**

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

[redacted]

File Date: 9/11/00 SEP 11 10 39 AM '00

Check No.: 7384

By: [redacted]

FOR SECRETARY OF STATE USE ONLY

RECEIVED
SECRETARY OF STATE
CORPORATION DIV.

[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* 8-25-00

Print or Type Name of Officer Philip J. Harvey

Title of Officer President