State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

STAMP

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BUS. SVCS. DIV.
2021 MAR 30 P 12:10

FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number	2. Exact name of the Corporation			
000073678	Program Brokerage Corporation			
3. Principal Office Address		City	State	Zip
5 Bryant Park 4th Floor		New York	NY	10018
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
524210	Insurance Brokerage Services			
5. State of Incorporation				
Delaware				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Paul Collins			Vice-President Name: Robert Knowles		
Street Address: 5 Bryant Park, 4th Floor			Street Address: 300 N. LaSalle Street, 17th Floor		
City: New York	State: NY	Zip: 10018	City: Chicago	State: IL	Zip: 60654
Secretary Name: John M. Albright			Treasurer Name: Michael A. Gallanis		
Street Address: 300 N. LaSalle Street, 17th Floor			Street Address: 300 N. LaSalle Street, 17th Floor		
City: Chicago	State: IL	Zip: 59102	City: Chicago	State: IL	Zip: 60654

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: John M. Albright			Director Name: Robert J. Sajdak		
Street Address: 300 N. LaSalle Street, 17th Floor			Street Address: 300 N. LaSalle Street, 17th Floor		
City: Chicago	State: IL	Zip: 60654	City: Chicago	State: IL	Zip: 60654
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	0.0100

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the 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.

Name of Authorized Representative	Date
JOHN M. ALBRIGHT	29/03/2021

Signature of Authorized Representative

FILED
MAR 30 2021
BY 23635 A.A.

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020