

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001322

FILED  
Mar 29, 2010  
Secretary of State

**Entity Name:** RSC INSURANCE BROKERAGE, INC

**Current Principal Place of Business:**

160 FEDERAL STREET  
2ND FLOOR  
BOSTON, MA 02110

**New Principal Place of Business:**

**Current Mailing Address:**

160 FEDERAL STREET  
2ND FLOOR  
BOSTON, MA 02110

**New Mailing Address:**

**FEI Number:** 16-1689464      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CP  
Name: CHRISTIAN, MICHAEL B  
Address: 160 FEDERAL STREET  
City-St-Zip: BOSTON, MA 02110

Title: SD  
Name: GANGI, AUGUST J  
Address: 160 FEDERAL STREET  
City-St-Zip: BOSTON, MA 02110

Title: CFO  
Name: VAGLICA, JOHN  
Address: 160 FEDERAL ST  
City-St-Zip: BOSTON, MA 02110

Title: SD  
Name: MAHONE, WILLIAM  
Address: BERKLEY CAPTIAL-475 STEAMBOAT RD  
City-St-Zip: GREENWICH, CT 06830

Title: SD  
Name: MEDICI, FRANK  
Address: BERKLEY CAPITAL-475 STEAMBOAT RD  
City-St-Zip: GREENWICH, CT 06830

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL CHRISTIAN

CP

03/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date