

1.) CORPORATION NAME:

**BMIC Service Corp.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI  
CORPORATION SERVICE COMPANY  
11 SOUTH 12TH STREET  
P.O. BOX 1463**

**RICHMOND, VA 23218**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**RI**

DUE DATE: **10/29/2010**

SCC ID NO: **F1312000**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	8,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE BEACON CENTRE

CITY/ST/ZIP: WARWICK, RI 02886-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JAMES V ROSATI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	ONE BEACON CENTRE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-		
NAME:	MARVIN JAMES HALL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE BEACON CENTRE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-		
NAME:	BRIAN J. SPERO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SEC/VP		
ADDRESS:	ONE BEACON CENTRE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-		
NAME:	CYNTHIA LEE LAWLOR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	ONE BEACON CENTRE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-		
NAME:	CLIFFORD L PARENT JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	ONE BEACON CENTRE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-		

NAME: MCHAEAL LYNCH TITLE: DIRECTOR ADDRESS: ONE BEACON CENTRE CITY/ST/ZIP/CO: WARWICK, RI 02886-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: H ROBERT BACON TITLE: DIRECTOR ADDRESS: ONE BEACN CENTRE CITY/ST/ZIP/CO: WARWICK, RI 02886-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN TREANOR TITLE: DIRECTOR ADDRESS: ONE BEACON CENTRE CITY/ST/ZIP/CO: WARWICK, RI 02886-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SANDRA POWELL TITLE: DIRECTOR ADDRESS: ONE BEACON CENTRE CITY/ST/ZIP/CO: WARWICK, RI 02886-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CAROL SACCUCCI TITLE: DIRECTOR ADDRESS: ONE BEACON CENTRE CITY/ST/ZIP/CO: WARWICK, RI 02886-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MIHAEL RUGGIERI TITLE: DIRECTOR ADDRESS: ONE BEACON CENTRE CITY/ST/ZIP/CO: WARWICK, RI 02886-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RAYMOND COIA TITLE: DIRECTOR ADDRESS: ONE BEACON CENTRE CITY/ST/ZIP/CO: WARWICK, RI 02886-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ BRIAN J. SPERO _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BRIAN J. SPERO, ASST SEC/VP _____ PRINTED NAME AND CORPORATE TITLE
9/1/2010 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	