

1.) CORPORATION NAME:

DUE DATE: **8/31/2013**

**Program Brokerage Corporation**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1597063**

**CT CORPORATION SYSTEM  
4701 COX RD #301  
GLEN ALLEN, VA**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 100        |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 225 METRO CENTER BLVD

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:           | MARC I COHEN                    | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| TITLE:          | PRESIDENT                       |   |  |
| ADDRESS:        | 1065 AVENUE OF THE AMERICAS     |   |  |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10018              |   |  |
| NAME:           | PHILIP ADLER                    | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| TITLE:          | VICE PRESIDENT                  |   |  |
| ADDRESS:        | 300 N. LaSalle Street           |   |  |
| CITY/ST/ZIP/CO: | 17th Floor<br>CHICAGO, IL 60654 |   |  |
| NAME:           | JASON ROMICK                    | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| TITLE:          | VICE PRESIDENT                  |   |  |
| ADDRESS:        | 300 N. LaSalle Street           |   |  |
| CITY/ST/ZIP/CO: | 17th Floor<br>CHICAGO, IL 60654 |   |  |
| NAME:           | Joseph Hyde                     | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| TITLE:          | TREASURER                       |   |  |
| ADDRESS:        | 300 N. LaSalle Street           |   |  |
| CITY/ST/ZIP/CO: | 17th Floor<br>CHICAGO, IL 60654 |   |  |
| NAME:           | IVY S FISCHER                   | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| TITLE:          | SECRETARY                       |   |  |
| ADDRESS:        | 1065 AVENUE OF THE AMERICAS     |   |  |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10018              |   |  |
| NAME:           | MARTIN P HUGHES                 | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                        |   |  |
| ADDRESS:        | 300 N. LaSalle Street           |   |  |
| CITY/ST/ZIP/CO: | 17th Floor<br>CHICAGO, IL 60654 |   |  |

|                 |                                 |                                  |  |
|-----------------|---------------------------------|----------------------------------|--|
| NAME:           | W KIRK JAMES                    | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                        |                                  |  |
| ADDRESS:        | 300 N. LaSalle Street           |                                  |  |
| CITY/ST/ZIP/CO: | 17th Floor<br>CHICAGO, IL 60654 |                                  |  |

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/ PHILIP ADLER                                    | PHILIP ADLER, VICE PRESIDENT     | 7/29/2013 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | 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.