

1.) CORPORATION NAME:

DUE DATE: **5/31/2011**

Stop Loss Insurance Services, Inc.

SCC ID NO: **F1789892**

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

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 FRONT STREET, SUITE 610

CITY/ST/ZIP: WORCHESTER, MA 01608-

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: SCOTT M. PURVIANCE
TITLE: SEC/VP/TREA
ADDRESS: 4725 PIEDMONT ROW DR, SUITE 600
CITY/ST/ZIP/CO: CHARLOTTE, NC 28210-

OFFICER

DIRECTOR

NAME: MICHAEL STEVEN DECARLO
TITLE: DIRECTOR
ADDRESS: 4725 PIEDMONT ROW DR, SUITE 600
CITY/ST/ZIP/CO: CHARLOTTE, NC 28210-

OFFICER

DIRECTOR

NAME: MARK A MCGUIRE
TITLE: PRESIDENT
ADDRESS: 4725 PIEDMONT ROW DR, SUITE 600
CITY/ST/ZIP/CO: CHARLOTTE, NC 28210-

OFFICER

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/ SCOTT M. PURVIANCE
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

SCOTT M. PURVIANCE,
SEC/VP/TREA
PRINTED NAME AND CORPORATE
TITLE

4/16/2011

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.