

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213529636
------------------	---	-----------

1.) CORPORATION NAME: Stop Loss Insurance Services, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA	DUE DATE: 5/31/2013 SCC ID NO: F1789892 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
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: Worcester, 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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Michael Steven DeCarlo TITLE: CEO ADDRESS: 4725 Piedmont Row Dr Suite 600 CITY/ST/ZIP/CO: Charlotte, NC 28210		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Scott M. Purviance TITLE: VP/Secretary ADDRESS: 4725 Piedmont Row Dr Suite 600 CITY/ST/ZIP/CO: Charlotte, NC 28210		

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	Scott M.Purviance,	6/25/2013
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.