

STATE OF NEW HAMPSHIRE
DEPARTMENT OF STATE

IN THE MATTER OF:)
)
)
Local Government Center, Inc.;)
Government Center Real Estate, Inc.;)
Local Government Center Health Trust, LLC;)
Local Government Center Property-Liability Trust,)
LLC;)
Health Trust, Inc.;)
New Hampshire Municipal Association Property-Liability) Case No: C2011000036
Trust, Inc.;)
LGC – HT, LLC;)
Local Government Center Workers’ Compensation)
Trust, LLC;)
And the following individuals:)
Maura Carroll; Keith R. Burke; Stephen A. Moltenbrey;)
Paul G. Beecher; Robert A. Berry; Roderick MacDonald;)
Peter J. Curro; April D. Whittaker; Timothy J. Ruehr;)
Julia A. Griffin; and John Andrews)
)
RESPONDENTS)
)

**EXHIBIT LIST IN SUPPORT OF PETITIONER’S MOTION TO DETERMINE STATUS
OF COUNSEL AND REQUEST FOR FINDINGS
OF FACT AND RULINGS OF LAW**

NOW COMES Petitioner, the Bureau of Securities Regulation, a part of the Corporations Division within the Department of State, and submits this Exhibit List in Support of Petitioner’s Motion to Determine Status of Counsel and Request for Findings of Fact and Rulings of Law:

- Exhibit 1: Certificate of Formation (and accompanying documents) for Local Government Center HealthTrust, LLC, as filed with the New Hampshire Secretary of State
- Exhibit 2: Certificate of Formation (and accompanying documents) for Local Government Center Property-Liability Trust, LLC, as filed with the New Hampshire Secretary of State
- Exhibit 3: Certificate of Formation for LGC-HT, LLC, as filed with the Delaware Secretary of State

- Exhibit 4: Certificate of Formation for LGC-PLT, LLC, as filed with the Delaware Secretary of State
- Exhibit 5: Certificate of Merger of HealthTrust, Inc. with LGC-HT, LLC, as filed with the Delaware Secretary of State
- Exhibit 6: Certificate of Merger of NHMA Property-Liability Trust, Inc. with LGC-PLT, LLC, as filed with the Delaware Secretary of State
- Exhibit 7: Certificate of Fact, issued by the N.H. Department of State, Corporations Division, confirming no copy of LGC, Inc. board vote approving merger of NHMA Property-Liability Trust, Inc. with LGC-PLT, LLC and confirming administrative dissolution of NHMA Property-Liability Trust, Inc.
- Exhibit 8: Certificate of Fact, issued by the N.H. Department of State, Corporations Division, confirming no copy of LGC, Inc. board vote approving merger of HealthTrust, Inc. with LGC-HT, LLC and confirming administrative dissolution of HealthTrust, Inc.
- Exhibit 9: Notes to Financial Statements for years 2003 and 2004, included as part of LGC N.H. RSA § 5-B Informational Filing for 2003 and 2004
- Exhibit 10: 2004 Annual Report for LGC HealthTrust, LLC, as filed with the New Hampshire Secretary of State
- Exhibit 11: 2005 Annual Report for LGC HealthTrust, LLC, as filed with the New Hampshire Secretary of State
- Exhibit 12: 2006 Annual Report for LGC HealthTrust, LLC, as filed with the New Hampshire Secretary of State
- Exhibit 13: 2007 Annual Report for LGC HealthTrust, LLC, as filed with the New Hampshire Secretary of State
- Exhibit 14: 2008 Annual Report for LGC HealthTrust, LLC, as filed with the New Hampshire Secretary of State
- Exhibit 15: 2009 Annual Report for LGC HealthTrust, LLC, as filed with the New Hampshire Secretary of State
- Exhibit 16: 2010 Annual Report for LGC HealthTrust, LLC, as filed with the New Hampshire Secretary of State
- Exhibit 17: 2004 Annual Report for LGC Property-Liability Trust, LLC, as filed with the New Hampshire Secretary of State
- Exhibit 18: 2005 Annual Report for LGC Property-Liability Trust, LLC, as filed with the New Hampshire Secretary of State
- Exhibit 19: 2006 Annual Report for LGC Property-Liability Trust, LLC, as filed with the New Hampshire Secretary of State

- Exhibit 20: 2007 Annual Report for LGC Property-Liability Trust, LLC, as filed with the New Hampshire Secretary of State
- Exhibit 21: 2008 Annual Report for LGC Property-Liability Trust, LLC, as filed with the New Hampshire Secretary of State
- Exhibit 22: 2009 Annual Report for LGC Property-Liability Trust, LLC, as filed with the New Hampshire Secretary of State
- Exhibit 23: 2010 Annual Report for LGC Property-Liability Trust, LLC, as filed with the New Hampshire Secretary of State
- Exhibit 24: LGC Press Release – Local Government Center Takes Steps to Address Corporate Structure Issues – Dated August 31, 2011
- Exhibit 25: Certificate of Revival of HealthTrust, Inc. (as LGC HealthTrust, Inc.), as filed with the New Hampshire Secretary of State
- Exhibit 26: Certificate of Revival (and accompanying documents) of NHMA Property-Liability Trust, Inc., as filed with the New Hampshire Secretary of State
- Exhibit 27: LGC Letter to Members – Response to September 2, 2011 Bureau of Securities Regulation Petition, signed by Maura Carroll, Executive Director of LGC, Inc.
- Exhibit 28: LGC HealthTrust, LLC Annual Report Correction for year 2004 through 2011 (includes Restated Certificate of Formation)
- Exhibit 29: LGC Property-Liability Trust, LLC Annual Report Correction for year 2004 through 2011 (includes Restated Certificate of Formation)
- Exhibit 30: LGC response to Bureau of Securities Regulation Discovery Request (LGC002349)

Respectfully submitted,

October 21, 2011

By: 
Earle F. Wingate, III
N.H. Bureau of Securities Regulation

Exhibit 1

STATE OF NEW HAMPSHIRE

59 482

Fee for Form SRA: \$50.00
Filing fee: \$35.00
Total fees \$85.00

Form No. LLC 1
RSA 304-C:12

Use black print or type.

Leave 1" margins both sides.

Form must be single-sided, on 8 1/2 x 11" paper, and have one inch margin on both sides. Double sided copies will not be accepted.

CERTIFICATE OF FORMATION
NEW HAMPSHIRE LIMITED LIABILITY COMPANY

THE UNDERSIGNED, UNDER THE NEW HAMPSHIRE LIMITED LIABILITY COMPANY LAWS
SUBMITS THE FOLLOWING CERTIFICATE OF FORMATION:

FIRST: The name of the limited liability company is

FILED

Local Government Center HealthTrust, LLC

JUN 26 2003

SECOND: The nature of the primary business or purposes are

To provide health benefits to employees of members.

WILLIAM M. GARDNER
NEW HAMPSHIRE
SECRETARY OF STATE

THIRD: The name of the limited liability company's registered agent is
Robert J. Lloyd, Esq.

and the street address, town/city (including zip code and post office box,
if any) of its registered office is (agent's business address)

Hinkley, Allen & Snyder LLP, 43 N. Main St., Concord, NH 03301

FOURTH: The latest date on which the limited liability company is to
dissolve is ongoing

FIFTH: The management of the limited liability company is not vested
in a manager or managers.

Dated June 24, 2003

Signature:*



Print or type name:

John B. Andrews

Title:

Member

(Enter "manager" or "member")

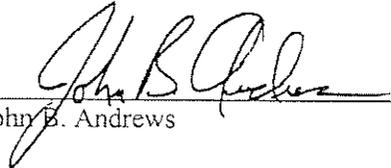
* Must be signed by manager; if no manager, must be signed by a member.

59 483

HEALTHTRUST, INC.

CONSENT REGARDING
LOCAL GOVERNMENT CENTER HEALTHTRUST, LLC

The undersigned, being the Executive Director of HealthTrust, Inc., hereby consents to the establishment and filing for limited liability company status of Local Government Center HealthTrust, LLC.



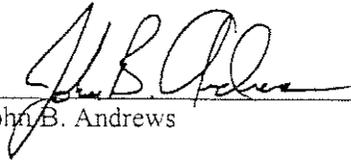
John B. Andrews

6/25/03
Date

LOCAL GOVERNMENT CENTER, INC.

CONSENT REGARDING
LOCAL GOVERNMENT CENTER HEALTHTRUST, LLC

The undersigned, being the President of Local Government Center, Inc., hereby consents to the establishment and filing for limited liability company status of Local Government Center HealthTrust, LLC.



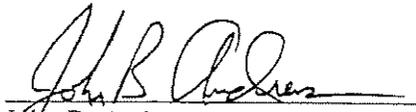
John B. Andrews

6/25/03
Date

LOCAL GOVERNMENT CENTER MANAGED CARE SERVICES

CONSENT REGARDING
LOCAL GOVERNMENT CENTER HEALTHTRUST, LLC

The undersigned, being the Executive Director of Local Government Center Managed Care Services, hereby consents to the establishment and filing for limited liability company status of Local Government Center HealthTrust, LLC.



John B. Andrews

6/25/07
Date

Exhibit 2

59 511

STATE OF NEW HAMPSHIRE

Fee for Form SRA: \$50.00
Filing fee: \$35.00
Total fees \$85.00

Form No. LLC 1
RSA 304-C:12

FILED

Use black print or type.

Leave 1" margins both sides.

Form must be single-sided, on 8 1/2 x 11" paper, and have one inch margin on both sides. Double sided copies will not be accepted.

JUN 26 2003

CERTIFICATE OF FORMATION
NEW HAMPSHIRE LIMITED LIABILITY COMPANY

WILLIAM M. GARDNER
NEW HAMPSHIRE
SECRETARY OF STATE

THE UNDERSIGNED, UNDER THE NEW HAMPSHIRE LIMITED LIABILITY COMPANY LAWS
SUBMITS THE FOLLOWING CERTIFICATE OF FORMATION:

FIRST: The name of the limited liability company is
Local Government Center Property-Liability Trust, LLC

SECOND: The nature of the primary business or purposes are
To provide property-liability insurance to members.

THIRD: The name of the limited liability company's registered agent is
Robert J. Lloyd, Esq.

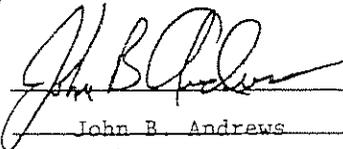
and the street address, town/city (including zip code and post office box,
if any) of its registered office is (agent's business address)

Hinckley, Allen & Snyder LLP, 43 N. Main St., Concord, NH 03301

FOURTH: The latest date on which the limited liability company is to
dissolve is ongoing

FIFTH: The management of the limited liability company is not vested
in a manager or managers.

Dated June 24, 2003

Signature: * 
Print or type name: John B. Andrews
Title: Member

(Enter "manager" or "member")

* Must be signed by manager; if no manager, must be signed by a member.

LOCAL GOVERNMENT CENTER, INC.

CONSENT REGARDING
LOCAL GOVERNMENT CENTER PROPERTY-LIABILITY TRUST, LLC

The undersigned, being the President of Local Government Center, Inc., hereby consents to the establishment and filing for limited liability company status of Local Government Center Property-Liability Trust, LLC.



John B. Andrews

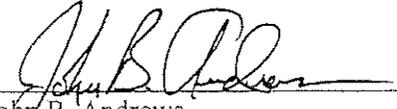
6/25/03
Date

59 513

LOCAL GOVERNMENT CENTER MANAGED CARE SERVICES

CONSENT REGARDING
LOCAL GOVERNMENT CENTER PROPERTY-LIABILITY TRUST, LLC

The undersigned, being the Executive Director of Local Government Center Managed Care Services, hereby consents to the establishment and filing for limited liability company status of Local Government Center Property-Liability Trust, LLC.



John B. Andrews

6/25/03
Date

Exhibit 3

Delaware

PAGE 1

The First State

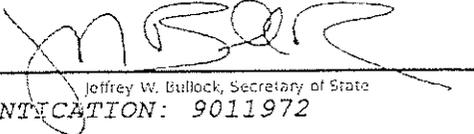
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "LGC-HT, LLC", FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF JUNE, A.D. 2003, AT 1:24 O'CLOCK P.M.

3675117 8100

110980338

You may verify this certificate online
at corp.delaware.gov/authver.shtml



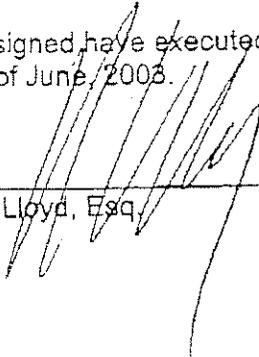

Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9011972

DATE: 09-07-11

CERTIFICATE OF FORMATION
OF
LGC-HT, LLC

1. The name of the limited liability company is LGC-HT, LLC.
2. The address of its registered office in the State of Delaware is Corporation Trust Center, 1209 Orange Street, in the City of Wilmington, County of New Castle. The name of its registered agent at such address is The Corporation Trust Company.

IN WITNESS WHEREOF, the undersigned, have executed this Certificate of Formation of LGC-HT, LLC this 26th day of June, 2003.



Robert J. Lloyd, Esq.
Agent

Exhibit 4

Delaware

PAGE 1

The First State

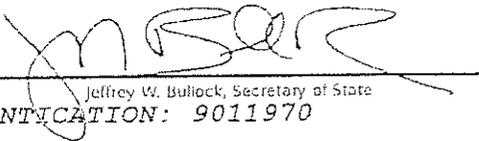
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "LGC-PLT, LLC", FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF JUNE, A.D. 2003, AT 1:29 O'CLOCK P.M.

3675125 8100

110980338

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9011970

DATE: 09-07-11

CERTIFICATE OF FORMATION

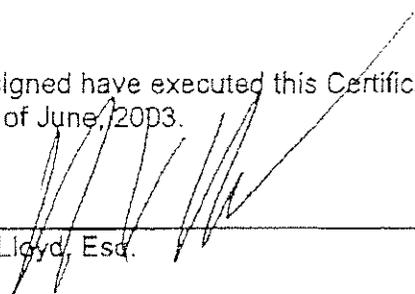
OF

LGC-PLT, LLC

1. The name of the limited liability company is LGC-PLT, LLC.

2. The address of its registered office in the State of Delaware is Corporation Trust Center, 1209 Orange Street, in the City of Wilmington, County of New Castle. The name of its registered agent at such address is The Corporation Trust Company.

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Formation of LGC-PLT, LLC this 26th day of June, 2003.



Robert J. Lloyd, Esq.
Agent

Exhibit 5

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

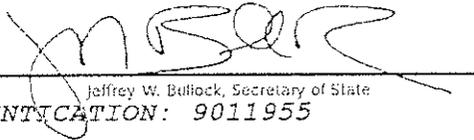
"HEALTHTRUST, INC.", A NEW HAMPSHIRE STATUTORY TRUST,
WITH AND INTO "LGC-HT, LLC" UNDER THE NAME OF "LGC-HT, LLC",
A LIMITED LIABILITY COMPANY ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE THE TWENTY-SIXTH DAY OF JUNE, A.D. 2003, AT 2 O'CLOCK P.M.

3675117 8100M

110980338

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9011955

DATE: 09-07-11

CERTIFICATE OF MERGER
OF

HEALTHTRUST, INC.

INTO

LGC-HT, LLC

Pursuant to Sec. 18-209 of the Delaware Limited Liability Company Act, the undersigned surviving limited liability company submits the following Certificate of Merger for filing and certifies that:

1. The name and jurisdiction of formation or organization of each of the limited liability companies or other business entities which is to merge are:

<u>Name</u>	<u>Jurisdiction</u>
HealthTrust, Inc.	NH
LGC-HT, LLC	DE

2. An agreement of merger has been approved and executed by each of the domestic limited liability companies or other business entities which is to merge.

3. The name of the surviving limited liability company is: LGC-HT, LLC

4. The agreement of merger is on file at a place of business of the surviving limited liability company which is located at 25 Triangle Park, Concord, NH 03302-0617.

5. A copy of the agreement of merger will be furnished by the surviving limited liability company, on request and without cost, to any member of any domestic limited liability company or any person holding an interest in any other business entity which is to merge.

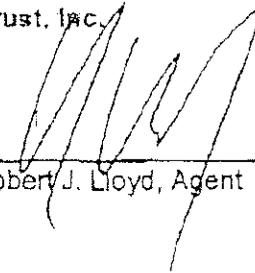
IN WITNESS WHEREOF, this Certificate of Merger has been duly executed as of the 26th day of June, 2003, and is being filed in accordance with Sec. 18-209 of the Act by an authorized person of the surviving limited liability company in the merger.

LGC-HT, LLC

By: 

Robert J. Lloyd, Agent

HealthTrust, Inc.

By: 

Robert J. Lloyd, Agent

Exhibit 6

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

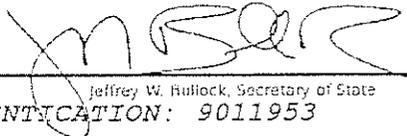
"NEW HAMPSHIRE MUNICIPAL ASSOCIATION PROPERTY-LIABILITY TRUST, INC.", A NEW HAMPSHIRE STATUTORY TRUST,
WITH AND INTO "LGC-PLT, LLC" UNDER THE NAME OF "LGC-PLT, LLC", A LIMITED LIABILITY COMPANY ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE THE TWENTY-SIXTH DAY OF JUNE, A.D. 2003, AT 1:37 O'CLOCK P.M.

3675125 8100M

110980338



You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9011953

DATE: 09-07-11

State of Delaware - Division of Corporations

Fax

Document Filing Sheet

Priority 1
(One Hr)

Priority 2
(Two Hr)

Priority 3
(Same Day)

Priority 4
(24 Hr)

Priority 5
(Must Approval)

Priority 6
(Reg. Approval)

Priority 7
(Reg. Work)

DATE SUBMITTED June 26, 03
 REQUESTOR NAME The Corporation Trust Company
 ADDRESS WILM/ MARY KINNAMON /
 ATTN. TEAM 6
 PHONE _____

FILE DATE June 26, 03
 FILE TIME 2 PM

NAME of COMPANY/ENTITY LSC-PLT, LLC (do) 3675125
Mrg: New Hampshire Municipal Association Property
3675128 Liability Trust, Inc
(Not)
 SRV NUMBER 030423396 FILE NUMBER 3675125 FILER'S NUMBER 9000010 RESERVATION NO. _____

TYPE OF DOCUMENT Merge DOCUMENT CODE _____
 CHANGE of NAME _____ CHANGE of AGENT/OFFICE _____ CHANGE OF STOCK _____

CORPORATIONS	
FRANCHISE TAX	YEAR _____ \$ _____
FILING FEE TAX	\$ _____
RECEIVING & INDEXING	\$ _____
CERTIFIED COPIES NO.	<u>1</u> \$ _____
SPECIAL SERVICES	\$ _____
KENT COUNTY RECORDER	\$ _____
NEW CASTLE COUNTY RECORDER	\$ _____
SUSSEX COUNTY RECORDER	\$ _____
TOTAL	\$ _____

METHOD of RETURN
<input type="checkbox"/> MESSENGER/PICKUP
<input type="checkbox"/> FED. EXPRESS Acct.# _____
<input type="checkbox"/> REGULAR MAIL
<input type="checkbox"/> FAX No. _____
<input type="checkbox"/> OTHER _____

COMMENTS/FILING INSTRUCTIONS
2 of 2

CREDIT CARD CHARGES
 You have my authorization to charge my credit card for this service:
 _____ Exp. Date _____
 Signature _____ Printed Name _____

XX AGENT USE ONLY

INSTRUCTIONS
 1. Full shade in the required Priority square using a dark pencil or marker, staying within the square.
 2. Each request must be submitted as a separate item, with its own Filing sheet at the FIRST PAGE.

CERTIFICATE OF MERGER
OF

NEW HAMPSHIRE MUNICIPAL ASSOCIATION
PROPERTY-LIABILITY TRUST, INC.

INTO

LGC-PLT, LLC

Pursuant to Sec. 18-209 of the Delaware Limited Liability Company Act, the undersigned surviving limited liability company submits the following Certificate of Merger for filing and certifies that:

1. The name and jurisdiction of formation or organization of each of the limited liability companies or other business entities which is to merger are:

<u>Name</u>	<u>Jurisdiction</u>
New Hampshire Municipal Association Property-Liability Trust, Inc.	NH
LGC-PLT, LLC	DE

2. An agreement of merger has been approved and executed by each of the domestic limited liability companies or other business entities which is to merge.

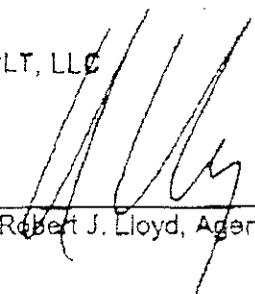
3. The name of the surviving limited liability company is: LGC-PLT, LLC

4. The agreement of merger is on file at a place of business of the surviving limited liability company which is located at 25 Triangle Park, Concord, NH 03302-0617.

5. A copy of the agreement of merger will be furnished by the surviving limited liability company, on request and without cost, to any member of any domestic limited liability company or any person holding an interest in any other business entity which is to merge.

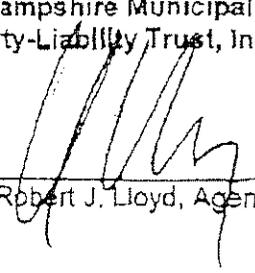
IN WITNESS WHEREOF, this Certificate of Merger has been duly executed as of the 26th day of June, 2003, and is being filed in accordance with Sec 18-209 of the Act by an authorized person of the surviving limited liability company in the merger.

LGC-PLT, LLC

By: 

Robert J. Lloyd, Agent

New Hampshire Municipal Association
Property-Liability Trust, Inc.

By: 

Robert J. Lloyd, Agent

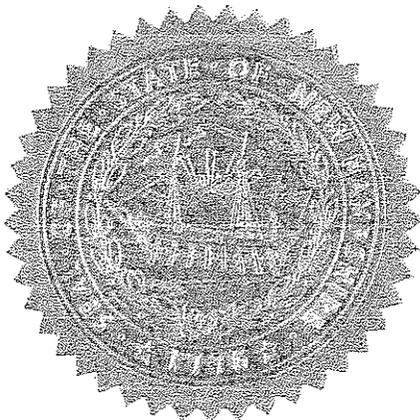
Exhibit 7

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that our records show that NEW HAMPSHIRE MUNICIPAL ASSOCIATION PROPERTY-LIABILITY TRUST, INC. (formerly NEW HAMPSHIRE MUNICIPAL ASSOCIATION PROPERTY LIABILITY INSURANCE TRUST, INC.) filed Articles of Agreement to form a New Hampshire Nonprofit Corporation on June 3, 1986. I further certify that this office has no record of a certified copy of a vote to merge this nonprofit corporation with or into any other entity and that the nonprofit corporation was administratively dissolved on March 1, 2006 for failure to file the required report.

Additionally, I certify that a Certificate of Revival of the nonprofit corporation, in accordance with RSA 292:30, was filed on August 31, 2011.



IN TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 26th day of August, A.D. 2011

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

Exhibit 8

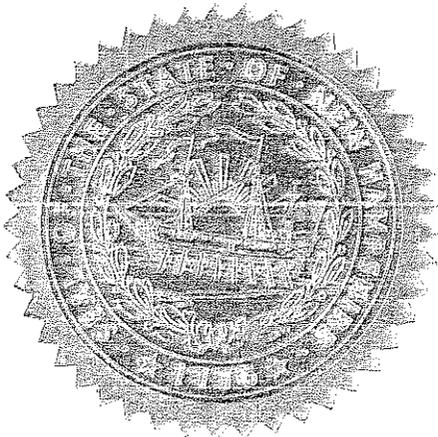
State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that our records show that HEALTHTRUST, INC. (formerly NEW HAMPSHIRE MUNICIPAL ASSOCIATION HEALTH INSURANCE TRUST, INC.) filed Articles of Agreement to form a New Hampshire Nonprofit Corporation on February 11, 1985. I further certify that this office has no record of a certified copy of a vote to merge this nonprofit corporation with or into any other entity and that the nonprofit corporation was administratively dissolved on March 1, 2006 for failure to file the report required by RSA 292:25.

Additionally, I certify that a Certificate of Revival of the nonprofit corporation, in accordance with RSA 292:30, was filed on August 31, 2011 and that an Affidavit of Amendment to the Articles of Agreement was also filed on August 31, 2011 changing the nonprofit corporation name to LGC HealthTrust, Inc.



IN TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 23rd day of August, A.D. 2011

William M. Gardner
Secretary of State

Exhibit 9

LOCAL GOVERNMENT CENTER HEALTHTRUST, LLC
(A Wholly-Owned Subsidiary of Local Government Center, Inc.)

Notes to Financial Statements

December 31, 2004 and 2003

Nature of Operations

Local Government Center HealthTrust, LLC (LGC HealthTrust) is a wholly-owned subsidiary of Local Government Center, Inc. (Parent). On July 1, 2003, pursuant to a planned reorganization, the assets, liabilities, member's balance, and business of HealthTrust, Inc., also a wholly-owned subsidiary of Parent, were merged into Local Government Center HealthTrust, LLC. Concurrent with this merger, HealthTrust, Inc. ceased functioning as an operating company, and Local Government Center HealthTrust, LLC commenced operations. As this reorganization resulted only in a change from one corporate structure to another, and did not impact the operations and business of LGC HealthTrust, the financial statements for the year ended December 31, 2003 include the results of operations of LGC HealthTrust, Inc. from January 1, 2003 up to the date of the merger.

Local Government Center HealthTrust, LLC (LGC HealthTrust) provides a program of employee benefits for its member organizations and operates pursuant to RSA 5-B, New Hampshire statutes. In accordance with its By-Laws, all political subdivisions of the State of New Hampshire and their instrumentalities are eligible to participate. LGC HealthTrust serves as a cooperative group of municipalities joining together to finance their exposure to employee healthcare costs. LGC HealthTrust is fully funded by its participating members. LGC HealthTrust's objectives are to formulate, develop, and administer, on behalf of the member political subdivisions, a program of employee benefits, to obtain lower costs for those benefits, and to develop loss control programs. Trust underwriting and rate setting policies have been established after consultation with actuaries and consultants.

1. Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements have been prepared in accordance with U.S. generally accepted accounting principles as applied to governmental units. The Governmental Accounting Standards Board (GASB) is the authoritative standard-setting body for the establishment of governmental accounting and financial reporting principles. LGC HealthTrust's financial statements are presented using the economic resources measurement focus and the accrual basis of accounting.

Accounting Standards

Pursuant to GASB Statements No. 20, "Accounting and Financial Reporting for Proprietary Funds," and No. 29, "Other Governmental Entities That Use Proprietary Fund Accounting," LGC HealthTrust has elected to apply the provision of all relevant pronouncements of the Financial Accounting Standards Board, including those issued after November 30, 1989, that do not conflict with or contradict GASB pronouncements.

LOCAL GOVERNMENT CENTER HEALTHTRUST, LLC
(A Wholly-Owned Subsidiary of Local Government Center, Inc.)

Notes to Financial Statements

December 31, 2004 and 2003

Use of Estimates

Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Actual results could differ from those estimates.

Cash Equivalents

Cash equivalents consist of all highly liquid investments with an original maturity of three months or less.

Investment Securities

Investment securities consist of U.S. Government Agency Securities, U.S. Treasury notes, corporate notes and municipal obligations. The securities are carried in the financial statements at fair value. Fair value is determined based upon quoted market prices.

Investment in External Investment Pool

LGC HealthTrust maintains an equity position in an external investment pool sponsored by a government entity, which is carried at fair value. Fair value is determined by LGC HealthTrust's proportionate share of the total fair value of the underlying investment pool's portfolio.

Member Contributions

Contributions are generally recognized as revenue on a monthly basis over the participation contract term. The portion of the contributions received in cash that will be earned in the future is deferred and reported as unearned contributions. Accounts and contributions receivable are stated at the amount management expects to collect from outstanding balances. Management considers all accounts and contributions receivable to be collectible; accordingly, an allowance for doubtful accounts has not been provided.

Reinsurance

LGC HealthTrust uses reinsurance agreements to reduce its exposure to large health claims. Reinsurance permits recovery of a portion of losses from reinsurers, although it does not discharge the primary liability of LGC HealthTrust as direct insurer of the risks reinsured. LGC HealthTrust does not report reinsured risks as claims incurred unless it is probable that those risks will not be covered by reinsurers.

LOCAL GOVERNMENT CENTER HEALTHTRUST, LLC
(A Wholly-Owned Subsidiary of Local Government Center, Inc.)

Notes to Financial Statements

December 31, 2004 and 2003

Contract Acquisition Costs

Acquisition costs, which consist primarily of salaries and certain underwriting expenses, vary with, and are primarily related to, the issuance of new member participation contracts. Acquisition costs associated with unearned revenue for new contracts are not considered material and therefore are charged to expense when incurred.

Equipment

Equipment with an estimated useful life greater than one year is recorded at cost. The cost of maintenance and repairs is charged to expense as incurred, while renewals and betterments are capitalized. Upon sale or other disposition of assets, the cost and related accumulated depreciation are removed from the accounts and any resulting gain or loss is reflected in income.

Equipment is depreciated using primarily the straight-line method over the following useful lives:

	Estimated Useful Lives (Years)
Computer Equipment	3-5
Office Equipment	3-5
Vehicles	3

Unpaid Claims Liabilities

LGC HealthTrust establishes claims liabilities based on estimates of the ultimate cost of claims (including future claim adjustment expenses) that have been reported, but not settled, and of claims that have been incurred, but not reported. The length of time for which such costs must be estimated varies depending on the coverage involved. Because actual claims costs depend on such complex factors as inflation, changes in doctrines of legal liability, and damage awards, the process used in computing claims liabilities does not necessarily result in an exact amount. Claims liabilities are recomputed periodically using a variety of actuarial and statistical techniques to produce current estimates that reflect recent settlements, claim frequency, and other economic and social factors. A provision for inflation in the calculation of estimated future claims costs is implicit in the calculation because reliance is placed both on actual historical data that reflect past inflation and on other factors that are considered to be appropriate modifiers of past experience. Adjustments to claims liabilities are charged or credited to expense in the periods in which they are made.

Income Taxes

The income of LGC HealthTrust is exempt from Federal and State income taxes under provisions of the Internal Revenue Code and State Statutes.

LOCAL GOVERNMENT CENTER HEALTHTRUST, LLC
(A Wholly-Owned Subsidiary of Local Government Center, Inc.)

Notes to Financial Statements

December 31, 2004 and 2003

Operating Revenues and Expenses

The excess of operating revenues over expenses reported in the financial statements includes revenues and expenses related to the primary, continuing operations of LGC HealthTrust. Principal operating revenues are charges to participating members for contributions to cover estimated benefit obligations and administrative costs. Principal operating expenses are the costs of providing underwriting and claims payment services and include administrative expenses and depreciation of capital assets. Other revenues and expenses are classified as nonoperating in the financial statements.

Reclassifications

Certain reclassifications have been made to the 2003 financial statements of LGC HealthTrust to conform with the 2004 financial statement presentation.

2. Cash and Cash Equivalents

LGC HealthTrust maintains its cash in bank deposit accounts and cash management accounts which are entirely insured or collateralized with securities held in joint custody with the bank.

3. Investment Securities

Investment securities insured or registered consist of:

	2004			
	<u>Amortized Cost</u>	<u>Unrealized Gains</u>	<u>Unrealized Losses</u>	<u>Fair Value</u>
U.S. Government Agency Securities	\$ 4,640,454	\$ 200,871	\$ (706)	\$ 4,840,619
U.S. Treasury Notes	4,525,449	14,709	(15,968)	4,524,190
Corporate Notes	2,899,372	179,404	(4,730)	3,074,046
Municipal Obligations	480,193	40,426	(2,768)	517,851
Total	\$ 12,545,468	\$ 435,410	\$ (24,172)	\$ 12,956,706

LOCAL GOVERNMENT CENTER HEALTHTRUST, LLC
(A Wholly-Owned Subsidiary of Local Government Center, Inc.)

Notes to Financial Statements

December 31, 2004 and 2003

	2003			
	Amortized Cost	Unrealized Gains	Unrealized Losses	Fair Value
U.S. Government				
Agency Securities	\$ 5,275,408	\$ 411,584	\$ (1,512)	\$ 5,685,480
U.S. Treasury Notes	6,841,692	195,137	(31,275)	7,005,554
Corporate Notes	2,910,378	243,245	(3,128)	3,150,495
Municipal Obligations	669,367	66,429	(3,128)	732,668
Total	\$ 15,696,845	\$ 916,395	\$ (39,043)	\$ 16,574,197

The amortized cost and fair value of investment securities at December 31, 2004 and 2003, by contractual maturity, are shown below. Expected maturities will differ from contractual maturities because borrowers may have the right to call or prepay obligations with or without call or prepayment penalties.

Maturity Dates	2004		2003	
	Amortized Cost	Fair Value	Amortized Cost	Fair Value
Within 1 Year	\$ 610,781	\$ 620,662	\$ 3,181,836	3,213,131
1 - 5 Years	5,955,451	6,275,045	4,871,303	5,357,284
5 - 10 Years	5,698,400	5,777,563	5,934,478	6,235,844
10 + Years	280,836	283,436	1,709,228	1,767,938
Total	\$ 12,545,468	\$ 12,956,706	\$ 15,696,845	\$ 16,574,197

During 2004 and 2003, LGC HealthTrust realized a net loss of \$52,049 and \$4,430 from the sale of investment securities. The calculation of the realized gains and losses is independent of a calculation of the net change in the fair value of investment securities. Realized gains and losses on investment securities that have been held in more than one fiscal year and sold in the current year may have been recognized as an increase or decrease in the fair value of investment securities reported in the prior year.

LOCAL GOVERNMENT CENTER HEALTHTRUST, LLC
(A Wholly-Owned Subsidiary of Local Government Center, Inc.)

Notes to Financial Statements

December 31, 2004 and 2003

4. Investment in External Investment Pool

Investment in external investment pool consists of the following:

	<u>2004</u>	<u>2003</u>
New Hampshire Public Deposit Investment Pool (NHPDIP)		
Reported amount, at fair value	\$ <u>369,675</u>	\$ <u>366,057</u>

The NHPDIP was established under State of New Hampshire Statute, RSA 383:24. The Bank Commissioner, in conjunction with the Advisory Committee, provides regulatory oversight of the investment pool's operations.

5. Equipment

Equipment consists of the following:

	<u>2004</u>			
	<u>Beginning Balance</u>	<u>Additions</u>	<u>Disposals</u>	<u>Ending Balance</u>
Office equipment	\$ 64,684	\$ 2,664	\$ -	\$ 67,348
Computer equipment	1,150,508	92,144	-	1,242,652
Vehicles	<u>32,140</u>	<u>-</u>	<u>-</u>	<u>32,140</u>
	1,247,332	94,808	-	1,342,140
Less accumulated depreciation	<u>1,103,778</u>	<u>107,109</u>	<u>-</u>	<u>1,210,887</u>
	<u>\$ 143,554</u>	<u>\$ (12,301)</u>	<u>\$ -</u>	<u>\$ 131,253</u>

	<u>2003</u>			
	<u>Beginning Balance</u>	<u>Additions</u>	<u>Disposals</u>	<u>Ending Balance</u>
Office equipment	\$ 51,031	\$ 13,653	\$ -	\$ 64,684
Computer equipment	1,085,085	67,183	(1,760)	1,150,508
Vehicles	<u>32,140</u>	<u>-</u>	<u>-</u>	<u>32,140</u>
	1,168,256	80,836	(1,760)	1,247,332
Less accumulated depreciation	<u>755,513</u>	<u>350,025</u>	<u>(1,760)</u>	<u>1,103,778</u>
	<u>\$ 412,743</u>	<u>\$ (269,189)</u>	<u>\$ -</u>	<u>\$ 143,554</u>

LOCAL GOVERNMENT CENTER HEALTHTRUST, LLC
(A Wholly-Owned Subsidiary of Local Government Center, Inc.)

Notes to Financial Statements

December 31, 2004 and 2003

6. Unpaid Claims Liabilities

As discussed in Note 1, LGC HealthTrust establishes a liability for both reported and unreported insured events, which includes estimates of both future payments of losses and related claim adjustment expenses, both allocated and unallocated. The following represents changes in those aggregate liabilities for LGC HealthTrust during the years ended December 31:

	<u>2004</u>	<u>2003</u>
Unpaid claims and claim adjustment expenses at beginning of year	\$ 23,328,430	\$ 20,601,586
Incurred claims and claim adjustment expenses		
Increases in provision for insured events of prior and current years	<u>236,877,683</u>	<u>214,798,405</u>
Total incurred claims and claim adjustment expenses	<u>260,206,113</u>	<u>235,399,991</u>
Payments		
Claims and claim adjustment expenses attributable to insured events of current year	215,714,708	196,925,252
Claims and claim adjustment expenses attributable to insured events of prior years	<u>19,618,763</u>	<u>15,146,309</u>
Total payments	<u>235,333,471</u>	<u>212,071,561</u>
Total unpaid claims and claim adjustment expenses at end of year	<u>\$ 24,872,642</u>	<u>\$ 23,328,430</u>

The differentiation of the provision for incurred claims and claim adjustment expenses for insured events of the current year and the change in the provision for insured events of prior years is not determinable for the years ended December 31, 2004 or 2003.

7. Premium Deficiency

In accordance with Statement No. 30 of the Governmental Accounting Standards Board, "Risk Financing Omnibus", premium deficiencies are required to be calculated and reported by public entity risk pools. At December 31, 2004 and 2003, LGC HealthTrust determined there were no premium deficiencies. Investment income was included as part of the calculation in determining if a premium deficiency existed.

LOCAL GOVERNMENT CENTER HEALTHTRUST, LLC
(A Wholly-Owned Subsidiary of Local Government Center, Inc.)

Notes to Financial Statements

December 31, 2004 and 2003

8. Related Party Transactions

LGC HealthTrust leases office space from Local Government Center Real Estate, Inc., an affiliated entity through common ownership, under an operating lease. There is no expiration date on the lease. Rent expense under this lease was \$170,167 and \$116,156 in 2004 and 2003, respectively.

Local Government Center, Inc. (formerly New Hampshire Municipal Association, Inc.) (LGC) is the sole member in LGC HealthTrust. LGC provides substantially all the administrative and operational services to LGC HealthTrust. Total administrative expenses paid by LGC HealthTrust to LGC during 2004 and 2003 were \$4,181,468 and \$3,884,828, respectively. Amounts payable to LGC at December 31, 2004 and 2003 totaled \$506,233 and \$195,452, respectively.

The Parent is a participating member in LGC HealthTrust. During the years ended December 31, 2004 and 2003, the Parent paid \$739,337 and \$660,667, respectively, to LGC HealthTrust.

9. Reinsurance

LGC HealthTrust limits the maximum net loss that can arise from large risks by reinsuring (ceding) certain levels of risks with other insurers or reinsurers, through the purchase of excess loss reinsurance contracts. Ceded reinsurance is treated as the risk and liability of the assuming companies, though these reinsurance contracts do not relieve LGC HealthTrust from its obligations to participating members. Failure of reinsurers to honor their obligations could result in losses to LGC HealthTrust; consequently, allowances are established for amounts deemed uncollectible. LGC HealthTrust evaluates the financial condition of its reinsurers and monitors concentrations of credit risk arising from similar geographic regions, activities, or economic characteristics of the reinsurers to minimize its exposure to significant losses from reinsurer insolvencies. At December 31, 2004 and 2003, reinsurance receivables with a carrying value of \$1,240,569 and \$1,362,724, respectively, and prepaid reinsurance premiums of \$52,148 and \$53,218, respectively, were associated with a single reinsurer. During the years ended December 31, 2004 and 2003, LGC HealthTrust ceded reinsurance premiums amounting to \$5,765,678 and \$5,148,667, respectively.

10. Self-Funded Plus Program

LGC HealthTrust provides a claim servicing pool arrangement to certain participating members where separate accounts are maintained for each member from which losses are paid. Members are assessed fees by LGC HealthTrust for the claims administrative services provided. The net activity from the program is recorded as part of operating revenues in the statements of revenues, expenses, and changes in net assets.

LOCAL GOVERNMENT CENTER HEALTHTRUST, LLC
(A Wholly-Owned Subsidiary of Local Government Center, Inc.)

Notes to Financial Statements

December 31, 2004 and 2003

11. Exemption from Statutory Accounting Practices

LGC HealthTrust and its pooled risk management program were established for the benefit of the political subdivisions of the State of New Hampshire under Title 1, Chapter 5-B of the New Hampshire statutes. As such, LGC HealthTrust is not considered an insurer under the laws of the State, and administration of the activities of LGC HealthTrust shall not constitute conducting an insurance business for purposes of regulation or taxation. At December 31, 2004 and 2003, Statements of Statutory Accounting Practices as promulgated by the National Association of Insurance Commissioners are not applicable to LGC HealthTrust.

12. Leasing Arrangements

LGC HealthTrust leases automobiles under noncancellable operating leases expiring in January, 2006. The future minimum lease payments required under the leases in 2005 and 2006 are \$44,925 and \$3,744, respectively.

Rent expense under these leases totaled \$45,504 and \$65,256 for the years ended December 31, 2004 and 2003, respectively.

13. Risks and Uncertainties

LGC HealthTrust invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Exhibit 10



State of New Hampshire 2004 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2004

ANNUAL REPORTS RECEIVED AFTER APRIL 15, 2004,
WILL BE ASSESSED A \$50.00 LATE FEE.

Filed
Date Filed: 03/05/2004
Business ID: 441620
William M. Gardner
Secretary of State

LOCAL GOVERNMENT CENTER HEALTHTRUST, LLC

25 TRIANGLE DR
CONCORD, NH 03302

ENTITY TYPE:	LLC
BUSINESS ID:	441620
STATE OF DOMICILE:	NH
FEDERAL ID:	
PROVIDE HEALTH BENEFITS TO EMPLOYEES OF MEMBERS	

1 ADDRESS OF PRINCIPAL OFFICE:
25 TRIANGLE DR
CONCORD, NH 03302

REGISTERED AGENT AND OFFICE:
ROBERT J. LLOYD, ESQ.
HINCKLEY, ALLEN SNYDER, LLP 43 N MAIN ST
CONCORD, NH 03301

2 If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

The new mailing address PO Box 617, Concord, NH 03302-0617

The new principal office address _____

PO Box is acceptable.

MANAGERS		MEMBERS	
NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT		NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS	
NAME	<u>John B. Andrews</u>	NAME	_____
STREET	<u>PO Box 617</u>	STREET	_____
CITY/STATE/ZIP	<u>Concord, NH 03302-0617</u>	CITY/STATE/ZIP	_____
NAME	<u>Sandal R. Keefe</u>	NAME	_____
STREET	<u>PO Box 617</u>	STREET	_____
CITY/STATE/ZIP	<u>Concord, NH 03302-0617</u>	CITY/STATE/ZIP	_____
NAME	_____	NAME	_____
STREET	_____	STREET	_____
CITY/STATE/ZIP	_____	CITY/STATE/ZIP	_____
NAME	_____	NAME	_____
STREET	_____	STREET	_____
CITY/STATE/ZIP	_____	CITY/STATE/ZIP	_____

3 NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

4 To be signed by the Manager, if no manager, must be signed by a member.
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Please print name and title of signer: Sandal R. Keefe / Deputy Director/CFO

NAME TITLE

REPORT FEE IS: \$100.00 E-MAIL ADDRESS (OPTIONAL): _____



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED
MAKE CHECK PAYABLE TO SECRETARY OF STATE
RETURN COMPLETED REPORT AND PAYMENT TO:
New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529

Exhibit 11



State of New Hampshire 2005 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.
REPORT DUE BY April 1, 2005
ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 01/11/2005
Business ID: 441620
William M. Gardner
Secretary of State

LOCAL GOVERNMENT CENTER HEALTHTRUST, LLC
25 TRIANGLE DR , PO BOX 617
CONCORD , NH 03302

ADDRESS OF PRINCIPAL OFFICE:
25 TRIANGLE DR , PO BOX 617
CONCORD , NH 03302

REGISTERED AGENT AND OFFICE:
ROBERT J. LLOYD, ESQ.
HINCKLEY, ALLEN SNYDER, LLP, 43 N MAIN ST
CONCORD , NH 03301

ENTITY TYPE:	LLC
BUSINESS ID:	441620
STATE OF DOMICILE:	NEW HAMPSHIRE
FEDERAL ID:	270078856
RISK MANAGEMENT PURSUANT TO RSA 5:B	

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

The new mailing address _____

The new principal office address _____

PO Box is acceptable.

MANAGERS		MEMBERS	
NAME AND BUSINESS ADDRESS (P O BOX ACCEPTABLE). <u>LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT</u>		NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). <u>MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS</u>	
Mana	JOHN B ANDREWS	NAME	LOCAL GOVERNMENT CENTER, INC
STREET	25 TRIANGLE PARK DR	STREET	25 TRIANGLE PARK DR
CITY/STATE/ZIP	CONCORD, NH 03302-0617	CITY/STATE/ZIP	CONCORD, NH 03302-0617
Mem	LOCAL GOVERNMENT CENTER, INC	NAME	.....
STREET	25 TRIANGLE PARK DR	STREET	.....
CITY/STATE/ZIP	CONCORD, NH 03302-0617	CITY/STATE/ZIP	.....
NAME	.....	NAME	.....
STREET	.....	STREET	.....
CITY/STATE/ZIP	.....	CITY/STATE/ZIP	.....
NAME	.....	NAME	.....
STREET	.....	STREET	.....
CITY/STATE/ZIP	.....	CITY/STATE/ZIP	.....

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

4

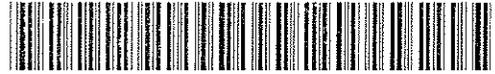
Sign here: JOHN B ANDREWS

Please print name and title of signer: JOHN B ANDREWS / MANAGER

NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL): _____



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED
MAKE CHECK PAYABLE TO SECRETARY OF STATE
RETURN COMPLETED REPORT AND PAYMENT TO:
New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529

Exhibit 12



State of New Hampshire 2006 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.
REPORT DUE BY April 1, 2006
ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 01/05/2006
Business ID: 441620
William M. Gardner
Secretary of State

LOCAL GOVERNMENT CENTER HEALTHTRUST, LLC
25 TRIANGLE DR, PO BOX 617
CONCORD, NH 03302

ADDRESS OF PRINCIPAL OFFICE:

25 TRIANGLE DR, PO BOX 617
CONCORD, NH 03302

REGISTERED AGENT AND OFFICE:

LLOYD, ROBERT J, ESQ
HINCKLEY, ALLEN SNYDER, LLP, 43 N MAIN ST
CONCORD, NH 03301

ENTITY TYPE: LLC
BUSINESS ID: 441620
STATE OF DOMICILE: NEW HAMPSHIRE
FEDERAL ID: 270078856

RISK MANAGEMENT PURSUANT TO RSA 5:B

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

The new mailing address

The new principal office address

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

A

MANA. JOHN B. ANDREWS
STREET 25 TRIANGLE PARK DR
CITY/STATE/ZIP CONCORD NH 03301
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

B

NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the manager, if no manager, must be signed by a member.

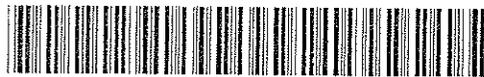
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: JOHN B. ANDREWS

Please print name and title of signer: JOHN B. ANDREWS / MANAGER
NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



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New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529

Exhibit 13



State of New Hampshire 2007 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.
REPORT DUE BY April 1, 2007
ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 01/02/2007
Business ID: 441620
William M. Gardner
Secretary of State

LOCAL GOVERNMENT CENTER HEALTHTRUST, LLC
25 TRIANGLE DR , PO BOX 617
CONCORD, NH 03302

ADDRESS OF PRINCIPAL OFFICE:
25 TRIANGLE DR , PO BOX 617
CONCORD, NH 03302

REGISTERED AGENT AND OFFICE:
MCCUE, MARK S, ESQ
HINCKLEY ALLEN SNYDER, 43 N MAIN STREET
CONCORD, NH 03301

ENTITY TYPE:	LLC
BUSINESS ID:	441620
STATE OF DOMICILE:	NEW HAMPSHIRE
FEDERAL ID:	000000000
RISK MANAGEMENT PURSUANT TO RSA 5:B	

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

The new mailing address _____

The new principal office address _____

PO Box is acceptable.

MANAGERS		MEMBERS	
NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT		NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS	
MANA.	John B. Andrews	NAME	.....
STREET	25 Triangle Park Dr	STREET	.....
CITY/STATE/ZIP	Concord Nh 03301	CITY/STATE/ZIP	.....
NAME	.....	NAME	.....
STREET	.....	STREET	.....
CITY/STATE/ZIP	.....	CITY/STATE/ZIP	.....
NAME	.....	NAME	.....
STREET	.....	STREET	.....
CITY/STATE/ZIP	.....	CITY/STATE/ZIP	.....
NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED			

To be signed by the manager, if no manager, must be signed by a member.
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

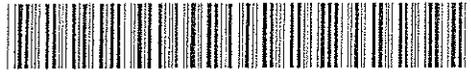
Sign here: John B. Andrews

Please print name and title of signer: John B. Andrews / MANAGER

NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL): _____



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
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New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03105-9529

Exhibit 14



State of New Hampshire 2008 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.
REPORT DUE BY April 1, 2008
ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 01/08/2008
Business ID: 441620
William M. Gardner
Secretary of State

LOCAL GOVERNMENT CENTER HEALTHTRUST, LLC
25 TRIANGLE DR, PO BOX 617
CONCORD, NH 03302

ADDRESS OF PRINCIPAL OFFICE:
25 TRIANGLE DR, PO BOX 617
CONCORD, NH 03302

ENTITY TYPE: LLC
BUSINESS ID: 441620
STATE OF DOMICILE: NEW HAMPSHIRE
RISK MANAGEMENT PURSUANT TO RSA 5:B

REGISTERED AGENT AND OFFICE:
MCCUE, MARK S, ESQ
11 S MAIN STREET 400
CONCORD, NH 03301

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

The new mailing address _____
 The new principal office address _____
PO Box is acceptable.

MANAGERS		MEMBERS	
NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE) <u>LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT</u>		NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). <u>MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS</u>	
MANA. <u>John B. Andrews</u>	A	NAME	B
STREET <u>25 Triangle Park Dr</u>		STREET	
CITY/STATE/ZIP <u>Concord Nh 03301</u>		CITY/STATE/ZIP	
NAME		NAME	
STREET		STREET	
CITY/STATE/ZIP		CITY/STATE/ZIP	
NAME		NAME	
STREET		STREET	
CITY/STATE/ZIP		CITY/STATE/ZIP	
NAME		NAME	
STREET		STREET	
CITY/STATE/ZIP		CITY/STATE/ZIP	
NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED			

To be signed by the manager, if no manager, must be signed by a member.
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

4

Sign here: Sandal R Keefe

Please print name and title of signer: Sandal R Keefe / AUTHORIZED PARTY
NAME TITLE

FEE DUE: \$100.00 E-MAIL ADDRESS (OPTIONAL): _____



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE
RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529

Exhibit 15



State of New Hampshire 2009 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.
REPORT DUE BY April 1, 2009
ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 01/13/2009
Business ID: 441620
William M. Gardner
Secretary of State

LOCAL GOVERNMENT CENTER HEALTHTRUST, LLC

25 TRIANGLE PARK DR
CONCORD, NH 03302

ADDRESS OF PRINCIPAL OFFICE:

25 TRIANGLE PARK DR
CONCORD, NH 03302

REGISTERED AGENT AND OFFICE:

MCCUE, MARK S, ESQ
11 S MAIN STREET 400
CONCORD, NH 03301

ENTITY TYPE:	LLC
BUSINESS ID:	441620
STATE OF DOMICILE:	NEW HAMPSHIRE
RISK MANAGEMENT PURSUANT TO RSA 5:B	

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

The new mailing address _____

The new principal office address _____

PO Box is acceptable.

MANAGERS		MEMBERS	
NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE) <u>LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT</u>		NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE) <u>MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS</u>	
MANA.	John B. Andrews	NAME	.....
STREET	25 Trlangle Park Dr	STREET	.....
CITY/STATE/ZIP	Concord Nh 03301	CITY/STATE/ZIP	.....
NAME	.....	NAME	.....
STREET	.....	STREET	.....
CITY/STATE/ZIP	.....	CITY/STATE/ZIP	.....
NAME	.....	NAME	.....
STREET	.....	STREET	.....
CITY/STATE/ZIP	.....	CITY/STATE/ZIP	.....
NAME	.....	NAME	.....
STREET	.....	STREET	.....
CITY/STATE/ZIP	.....	CITY/STATE/ZIP	.....
NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED			

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

4

Please print name and title of signer: Sandal R Keeffe / AUTHORIZED PARTY

NAME TITLE

FEE DUE: \$100.00 E-MAIL ADDRESS (OPTIONAL): _____



044162020091009

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED
MAKE CHECK PAYABLE TO SECRETARY OF STATE
RETURN COMPLETED REPORT AND PAYMENT TO:
New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529

Exhibit 16



State of New Hampshire 2010 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.
REPORT DUE BY April 1, 2010
ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 03/23/2010
Business ID: 441620
William M. Gardner
Secretary of State

LOCAL GOVERNMENT CENTER HEALTHTRUST, LLC
25 TRIANGLE PARK DR, PO BOX 617
CONCORD, NH 03302

ADDRESS OF PRINCIPAL OFFICE:
25 TRIANGLE PARK DR, PO BOX 617
CONCORD, NH 03302
REGISTERED AGENT AND OFFICE:
MCCUE, MARK S, ESQ
11 S MAIN STREET 400
CONCORD, NH 03301

ENTITY TYPE:	LLC
BUSINESS ID:	441620
STATE OF DOMICILE:	NEW HAMPSHIRE
RISK MANAGEMENT PURSUANT TO RSA 5-B	

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

The new mailing address _____

The new principal office address _____

PO Box is acceptable.

MANAGERS	MEMBERS
NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). <u>LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT</u>	NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). <u>MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS</u>
MANA. Maura Carroll STREET 25 Triangle Park Dr CITY/STATE/ZIP Concord NH 03301	NAME _____ STREET _____ CITY/STATE/ZIP _____
NAME _____ STREET _____ CITY/STATE/ZIP _____	NAME _____ STREET _____ CITY/STATE/ZIP _____
NAME _____ STREET _____ CITY/STATE/ZIP _____	NAME _____ STREET _____ CITY/STATE/ZIP _____
NAME _____ STREET _____ CITY/STATE/ZIP _____	NAME _____ STREET _____ CITY/STATE/ZIP _____
NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED	

To be signed by the manager, if no manager, must be signed by a member.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: Maura Carroll

Please print name and title of signer: Maura Carroll / MANAGER
NAME TITLE

FEE DUE: \$100.00 E-MAIL ADDRESS (OPTIONAL): _____



044162020101001

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED
MAKE CHECK PAYABLE TO SECRETARY OF STATE
RETURN COMPLETED REPORT AND PAYMENT TO
New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529

Exhibit 17



State of New Hampshire 2004 ANNUAL REPORT

The following information shall be given as of January 1
preceding the due date Pursuant to RSA 304-C:80.
REPORT DUE BY April 1, 2004
ANNUAL REPORTS RECEIVED AFTER APRIL 15, 2004,
WILL BE ASSESSED A \$50.00 LATE FEE.

Filed
Date Filed: 03/05/2004
Business ID: 441617
William M. Gardner
Secretary of State

LOCAL GOVERNMENT CENTER PROPERTY-LIABILITY TRUST, LLC
25 TRIANGLE PARK DR
CONCORD, NH 03302

ADDRESS OF PRINCIPAL OFFICE:
25 TRIANGLE PARK DR
CONCORD, NH 03302
REGISTERED AGENT AND OFFICE:
ROBERT J LLOYD ESQ
HINCKLEY ALLEN & SNYDER LLP 43 N MAIN ST
CONCORD, NH 03301

ENTITY TYPE:	LLC
BUSINESS ID:	441617
STATE OF DOMICILE:	NH
FEDERAL ID:	
PROPERTY-LIABILITY INSURANCE TO MEMBERS	

2 If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

The new mailing address PO Box 617, Concord, NH 03302-0617

The new principal office address _____

PO Box is acceptable.

MANAGERS		MEMBERS	
NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT A		NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS B	
NAME	<u>John B. Andrews</u>	NAME	_____
STREET	<u>P.O. Box 617</u>	STREET	_____
CITY/STATE/ZIP	<u>Concord, NH 03302-0617</u>	CITY/STATE/ZIP	_____
NAME	<u>Sandal R. Keeffe</u>	NAME	_____
STREET	<u>P.O. Box 617</u>	STREET	_____
CITY/STATE/ZIP	<u>Concord, NH 03302-0617</u>	CITY/STATE/ZIP	_____
NAME	_____	NAME	_____
STREET	_____	STREET	_____
CITY/STATE/ZIP	_____	CITY/STATE/ZIP	_____
NAME	_____	NAME	_____
STREET	_____	STREET	_____
CITY/STATE/ZIP	_____	CITY/STATE/ZIP	_____

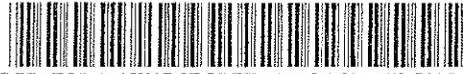
NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

4 To be signed by the Manager, if no manager, must be signed by a member.
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Please print name and title of signer: Sandal R. Keeffe / Deputy Director/CEO
NAME TITLE

REPORT FEE IS: \$100.00 E-MAIL ADDRESS (OPTIONAL): _____



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED
MAKE CHECK PAYABLE TO SECRETARY OF STATE
RETURN COMPLETED REPORT AND PAYMENT TO:
New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529

Exhibit 18



State of New Hampshire 2005 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.
REPORT DUE BY April 1, 2005
ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 01/11/2005
Business ID: 441617
William M. Gardner
Secretary of State

LOCAL GOVERNMENT CENTER PROPERTY-LIABILITY TRUST, LLC
25 TRIANGLE PARK DR , PO BOX 617
CONCORD , NH 03302

ADDRESS OF PRINCIPAL OFFICE:
25 TRIANGLE PARK DR , PO BOX 617
CONCORD , NH 03302
REGISTERED AGENT AND OFFICE:
ROBERT J. LLOYD, ESQ.
HINCKLEY ALLEN & SNYDER LLP, 43 N MAIN ST
CONCORD , NH 03301

ENTITY TYPE:	LLC
BUSINESS ID:	441617
STATE OF DOMICILE:	NEW HAMPSHIRE
FEDERAL ID:	200498125
RISK MANAGEMENT SERVICES AS DESCRIBED IN RSA:5:B	

2 If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

The new mailing address _____

The new principal office address _____

PO Box is acceptable.

MANAGERS		MEMBERS	
NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). <u>LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT</u>		NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). <u>MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS</u>	
Mana	JOHN B ANDREWS	NAME	LOCAL GOVERNMENT CENTER, INC
STREET	25 TRIANGLE PARK DR	STREET	25 TRIANGLE PARK DR
CITY/STATE/ZIP	CONCORD, NH 03301	CITY/STATE/ZIP	CONCORD, NH 03301
Membr	LOCAL GOVERNMENT CENTER, INC	NAME	.....
STREET	25 TRIANGLE PARK DR	STREET	.....
CITY/STATE/ZIP	CONCORD, NH 03301	CITY/STATE/ZIP	.....
NAME	.....	NAME	.....
STREET	.....	STREET	.....
CITY/STATE/ZIP	.....	CITY/STATE/ZIP	.....
NAME	.....	NAME	.....
STREET	.....	STREET	.....
CITY/STATE/ZIP	.....	CITY/STATE/ZIP	.....

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

4 To be signed by the manager, if no manager, must be signed by a member.
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: JOHN B ANDREWS

Please print name and title of signer: JOHN B ANDREWS / MANAGER

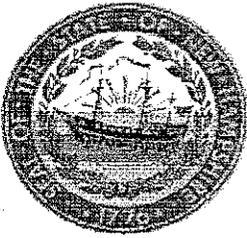
NAME TITLE

FEE DUE \$100.00 E-MAIL ADDRESS (OPTIONAL): _____



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED
MAKE CHECK PAYABLE TO SECRETARY OF STATE
RETURN COMPLETED REPORT AND PAYMENT TO:
New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529

Exhibit 19



State of New Hampshire 2006 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.
REPORT DUE BY April 1, 2006
ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 01/05/2006
Business ID: 441617
William M. Gardner
Secretary of State

AL GOVERNMENT CENTER PROPERTY-LIABILITY TRUST, LLC
25 TRIANGLE PARK DR , PO BOX 617
CONCORD , NH 03302

ADDRESS OF PRINCIPAL OFFICE:
25 TRIANGLE PARK DR , PO BOX 617
CONCORD , NH 03302

REGISTERED AGENT AND OFFICE:
LLOYD, ROBERT J, ESQ
HINKLEY ALLEN & SNYDER LLP, 43 N MAIN ST
CONCORD , NH 03301

ENTITY TYPE: LLC
BUSINESS ID: 441617
STATE OF DOMICILE: NEW HAMPSHIRE
FEDERAL ID: 200498125
RISK MANAGEMENT SERVICES AS DESCRIBED IN RSA:5:B

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.
 The new mailing address _____
 The new principal office address _____
PO Box is acceptable.

MANAGERS	MEMBERS
NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). <u>LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT</u>	NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). <u>MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS</u>
A	B
MANA. <u>JOHN B. ANDREWS</u>	NAME _____
STREET <u>25 TRIANGLE PARK DR</u>	STREET _____
CITY/STATE/ZIP <u>CONCORD NH 03301</u>	CITY/STATE/ZIP _____
NAME _____	NAME _____
STREET _____	STREET _____
CITY/STATE/ZIP _____	CITY/STATE/ZIP _____
NAME _____	NAME _____
STREET _____	STREET _____
CITY/STATE/ZIP _____	CITY/STATE/ZIP _____
NAME _____	NAME _____
STREET _____	STREET _____
CITY/STATE/ZIP _____	CITY/STATE/ZIP _____
NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED	

To be signed by the manager, if no manager, must be signed by a member.
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

4 JOHN B. ANDREWS

Please print name and title of signer: JOHN B. ANDREWS / MANAGER
NAME TITLE

FEE DUE: \$100.00 E-MAIL ADDRESS (OPTIONAL): _____



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED
MAKE CHECK PAYABLE TO SECRETARY OF STATE
RETURN COMPLETED REPORT AND PAYMENT TO:
New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529

Exhibit 20



State of New Hampshire 2007 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.
REPORT DUE BY April 1, 2007
ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 01/02/2007
Business ID: 441617
William M. Gardner
Secretary of State

LOCAL GOVERNMENT CENTER PROPERTY-LIABILITY TRUST, LLC

25 TRIANGLE PARK DR . PO BOX 617
CONCORD, NH 03302

ADDRESS OF PRINCIPAL OFFICE:

25 TRIANGLE PARK DR . PO BOX 617
CONCORD, NH 03302

REGISTERED AGENT AND OFFICE:

MCCUE, MARK S, ESQ
HINCKLEY ALLEN SNYDER, 43 N MAIN STREET
CONCORD, NH 03301

ENTITY TYPE:	LLC
BUSINESS ID:	441617
STATE OF DOMICILE:	NEW HAMPSHIRE
FEDERAL ID:	000000000
RISK MANAGEMENT SERVICES AS DESCRIBED IN RSA:5-B	

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

The new mailing address _____

The new principal office address _____

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE)
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT **A**

MANA. John B. Andrews
STREET 25 Triangle Park Dr
CITY/STATE/ZIP Concord Nh 03301
NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE)
MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS **B**

NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the manager, if no manager, must be signed by a member.
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: John B. Andrews

Please print name and title of signer: John B. Andrews / MANAGER
NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL): _____



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE
RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529

Exhibit 21



State of New Hampshire 2008 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.
REPORT DUE BY April 1, 2008
ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 01/03/2008
Business ID: 441617
William M. Gardner
Secretary of State

LOCAL GOVERNMENT CENTER PROPERTY-LIABILITY TRUST, LLC
25 TRIANGLE PARK DR , PO BOX 617
CONCORD, NH 03302

ADDRESS OF PRINCIPAL OFFICE:
25 TRIANGLE PARK DR , PO BOX 617
CONCORD, NH 03302

REGISTERED AGENT AND OFFICE:
MCCUE, MARK S, ESQ
11 S MAIN STREET 400
CONCORD, NH 03301

ENTITY TYPE:	LLC
BUSINESS ID:	441617
STATE OF DOMICILE:	NEW HAMPSHIRE

PROVIDE PROPERTY LIABILITY WORKERS COMPENSATION
COVERAGE TO MEMBERS OF ITS POOLED RISK MANAGEMENT

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

The new mailing address _____

The new principal office address _____

PO Box is acceptable.

MANAGERS	A	MEMBERS	B
NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT		NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS	
MANA John B. Andrews		NAME _____	
STREET 25 Triangle Park Dr		STREET _____	
CITY/STATE/ZIP Concord Nh 03301		CITY/STATE/ZIP _____	
NAME _____		NAME _____	
STREET _____		STREET _____	
CITY/STATE/ZIP _____		CITY/STATE/ZIP _____	
NAME _____		NAME _____	
STREET _____		STREET _____	
CITY/STATE/ZIP _____		CITY/STATE/ZIP _____	
NAME _____		NAME _____	
STREET _____		STREET _____	
CITY/STATE/ZIP _____		CITY/STATE/ZIP _____	
NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED			

To be signed by the manager, if no manager, must be signed by a member
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: Sandal R. Keeffe

Please print name and title of signer: Sandal R. Keeffe / AUTHORIZED PARTY
NAME TITLE

FEE DUE \$100.00 E-MAIL ADDRESS (OPTIONAL): _____



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE
RETURN COMPLETED REPORT AND PAYMENT TO:
New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529

Exhibit 22



State of New Hampshire

2009 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.
REPORT DUE BY April 1, 2009
ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 01/13/2009
Business ID: 441617
William M. Gardner
Secretary of State

LOCAL GOVERNMENT CENTER PROPERTY-LIABILITY TRUST, LLC

25 TRIANGLE PARK DR
CONCORD, NH 03302

ADDRESS OF PRINCIPAL OFFICE:

25 TRIANGLE PARK DR
CONCORD, NH 03302

REGISTERED AGENT AND OFFICE:

MCCUE, MARK S. ESQ
11 S MAIN STREET 400
CONCORD, NH 03301

ENTITY TYPE: LLC
BUSINESS ID: 441617
STATE OF DOMICILE: NEW HAMPSHIRE

PROVIDE PROPERTY LIABILITY/WORKERS COMPENSATION
COVERAGE TO MEMBERS OF ITS POOLED RISK MANAGEMENT

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

The new mailing address _____

The new principal office address _____

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA John B. Andrews
STREET 25 Triangle Park Dr
CITY/STATE/ZIP Concord Nh 03301
NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____

A

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____

B

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: Sandal R. Keefe

Please print name and title of signer: Sandal R. Keefe / AUTHORIZED PARTY
NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL): _____



044161720091005

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529

Exhibit 23



State of New Hampshire 2010 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.
REPORT DUE BY April 1, 2010
ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 03/23/2010
Business ID: 441617
William M. Gardner
Secretary of State

LOCAL GOVERNMENT CENTER PROPERTY-LIABILITY TRUST, LLC
25 TRIANGLE PARK DR, PO BOX 617
CONCORD, NH 03302

ADDRESS OF PRINCIPAL OFFICE:
25 TRIANGLE PARK DR, PO BOX 617
CONCORD, NH 03302

REGISTERED AGENT AND OFFICE:
MCCUE, MARK S, ESQ
11 S MAIN STREET 400
CONCORD, NH 03301

ENTITY TYPE: LLC
BUSINESS ID: 441617
STATE OF DOMICILE: NEW HAMPSHIRE

PROVIDE PROPERTY LIABILITY/WORKERS COMPENSATION
COVERAGE TO MEMBERS OF ITS POOLED RISK MANAGEMENT

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

The new mailing address _____
 The new principal office address _____

PO Box is acceptable.

MANAGERS		MEMBERS	
NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT A		NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS B	
MANA	Maura Carroll	NAME	.....
STREET	25 Triangle Park Dr	STREET	.....
CITY/STATE/ZIP	Concord NH 03301	CITY/STATE/ZIP	.....
NAME	.....	NAME	.....
STREET	.....	STREET	.....
CITY/STATE/ZIP	.....	CITY/STATE/ZIP	.....
NAME	.....	NAME	.....
STREET	.....	STREET	.....
CITY/STATE/ZIP	.....	CITY/STATE/ZIP	.....
NAME	.....	NAME	.....
STREET	.....	STREET	.....
CITY/STATE/ZIP	.....	CITY/STATE/ZIP	.....

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the manager, if no manager, must be signed by a member.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: Maura Carroll

Please print name and title of signer: Maura Carroll / MANAGER

NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL): _____



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED
MAKE CHECK PAYABLE TO SECRETARY OF STATE
RETURN COMPLETED REPORT AND PAYMENT TO:
New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529

Exhibit 24



FOR IMMEDIATE RELEASE
August 31, 2011

CONTACT: 603.224.7447
AnnMarie French, ext. 133
Lynn Sperl, ext. 206

Local Government Center Takes Steps to Address Corporate Structure Issues

Concord, NH: – The New Hampshire Local Government Center (LGC) has independently confirmed that aspects of the process used to change its corporate structure in 2003, a concern raised by the Bureau of Securities Regulation (BSR) August 2 report, were not completed appropriately. LGC has notified the Secretary of State's office of its conclusions, of the initial steps LGC is taking to correct those errors and of its desire to work with that office to resolve any remaining related issues. The report raised other questions about LGC which remain contested.

In 2003, the Board voted to restructure operations. The implementation of that reorganization was handled by outside attorneys. After the August 2 report was issued, LGC retained an independent attorney to review the Delaware transactions used as part of the restructuring process and questioned by the BSR. Based on that review, LGC confirmed that the Delaware transaction had not been completed appropriately.

“It was not the use of Delaware law that itself created the flaw. Rather, steps were missed in the legal process that was used,” said David Frydman, LGC’s General Counsel. “We did not have confirmation until last Thursday (August 25) that the 2003 corporate transactions were not completed correctly.”

Due to this flaw in the Delaware transaction, LGC has determined that it is necessary to revive the New Hampshire non-profit corporations (HealthTrust, Inc. and Property-Liability Trust, Inc.) which existed prior to the 2003 transactions. LGC is taking appropriate steps to assure that those non-profit corporations will continue, and today filed corrective paperwork with the Office of the Secretary of State as part of that process.

“We thank the Secretary of State and his staff for bringing this error to light. We want to work with the Secretary of State and staff to assure that the issues with LGC’s corporate structure are properly corrected, and we have communicated that to him. We hope to be able to discuss these issues very soon so that we can put to rest the concerns raised by some about our ability to continue to operate,” said LGC’s Executive Director Maura Carroll. “We are committed to meeting all of our obligations to our members and all who rely on LGC,” said Tom Enright, LGC Board member and Hollis-Brookline School Board member. “We look forward to working with the Secretary of State’s office and we are confident that we can resolve any concerns with LGC’s legal status.”

About the Local Government Center

The New Hampshire Local Government Center (LGC) is a nonprofit organization governed by an active board of directors comprising municipal, school and county representatives, including employees, management and elected officials. Its mission is to strengthen the quality of member governments and the ability of their officials and employees to serve the public. For more information, visit www.nhlgc.org.

Exhibit 25

COVER SHEET

(This page must accompany all filings, excludes certificates and copies request)

Submitted by:

DATE: 8/31/11

(Must include contact name and phone number)

Your Name: Aniko Bouley, AGP

RESUBMIT DATE: _____

Please X old date when resubmitting.

Company: MCLANE, GRAF, RAULERSON & MIDDLETON

TIME: _____

Address: 900 Elm St., PO Box 326

Phone: 603.628.1443

City, State & Zip: Manchester NH 03105

Fax: 603.625.5650

email address: aniko.bouley@mclane.com

SECTION I - NAME AVAILABILITY (This section for new application only)

NAME AVAILABILITY CHOICES

1st Choice

LGC Health Trust, Inc. (name change)
OK gm 8/31

2nd Choice

3rd Choice

Place of Business - Town/City: Concord, NH

Purpose of Business: _____

OFFICE USE ONLY

1. _____

2. _____

3. _____

4. _____

SECTION II - DOCUMENT REVIEW

ATTACHED FOR REVIEW (entity name): Health Trust, Inc.

List Forms (i.e amendments, withdrawals, mergers, cancellations, annual reports):

1. CHECK # _____

5. _____

2. ACH # 147

6. _____

3. CERT. OF REVIVAL

7. _____

4. AFFIDAVIT OF AMENDMENT

8. _____

*All filings require that the name availability be verified and detailing specific purposes whenever available.

Please Do Not Write in Area Below - Office Use Only

Documents have been reviewed. Please see following note regarding same:

State of New Hampshire
Correspondence (MISC) 1 Page(s)



T1124331026

DOCUMENT(S) REVIEWED BY: DG

Total Fee \$ _____

(Both)

STATE OF NEW HAMPSHIRE

Certificate of Revival
of
A New Hampshire Nonprofit Corporation

A. Name of Corporation:

HealthTrust, Inc.

(must be name it bore when certificate of incorporation expired)

B. Address at which business of the corporation is to be carried on:

25 Triangle Park Dr., Concord, NH 03302

C. Names and address of all the officers and directors or governing board of the corporation: (please print)

OFFICERS

President Marilyn Peterman

Address 130 Amherst Street
(Street)
Amherst NH 03031-3016
(Town/City) (State) (Zip)

Treasurer _____

Address _____
(Street)

(Town/City) (State) (Zip)

Secretary _____

Address _____
(Street)

(Town/City) (State) (Zip)

DIRECTORS
(or governing board)

Name Marilyn Peterman

Address 130 Amherst Street
(Street)
Amherst NH 03031-3016
(Town/City) (State) (Zip)

Name Julia Griffin

Address 41 South Main Street
(Street)
31 South Main St. NH 03755
(Town/City) (State) (Zip)

Name Douglas R. Elliott, Jr.

Address 101 East High Street
(Street)
Oxford, NH 03756
(Town/City) (State) (Zip)

(LIST ADDITIONAL NAMES BELOW OR ATTACH ADDITIONAL SHEET)

Timothy Ruehr
34 West Street
Keene, NH 03431

Stephen A. Moltenbrey
78 Frost Road
Derry, NH 03038
(Last known address)



Name of corporation: HealthTrust, Inc.

D. I, the undersigned, being an officer of the corporation, hereby certify that the above named corporation's charter was organized under the laws of New Hampshire; its charter was forfeited under RSA 292:25 and that this certificate is filed by authority of:

(Check one) *

those who were directors or members of the governing body of the corporation at the time its charter was repealed, revoked and annulled.

_____ the full board of directors elected by the stockholders at a special meeting as provided for by RSA 292:30 in accordance with the bylaws of the corporation.

Signed under penalties of perjury



Officer of the corporation

STATE OF NEW HAMPSHIRE)
County of Merrimack) S.S.

Subscribed and sworn to before me:



(Notary Public or Justice of the Peace)
Richard A. Samuels
Expires 7/28/15

(SEAL)

*ATTENTION: If the secretary of state is not satisfied that a certificate of revival is authorized by the directors or stockholders of a corporation, he may decline to accept the certificate and the revival shall not occur.

Filing Fee \$50
2005 Return Fee \$25
2010 Return Fee \$25
Return Fees
Return Fees\$
Return Fees\$

Total Fees Due \$100 (Payable to the State of New Hampshire)

Mail to: Corporation Division, Department of State, State House, 107 North Main Street, Concord NH 03301-4989

Exhibit 26

COVER SHEET

(This page **must** accompany all filings, excludes certificates and copies request)

Submitted by:

DATE: 8/31/11

(Must include contact name and phone number)

Your Name:

Aniko Bouley, ACP

RESUBMIT DATE:

Please X old date when resubmitting.

TIME:

Company: MCLANE, GRAF, RAULERSON & MIDDLETON

Address: 900 Elm St., PO Box 326

Phone: 603.628.1443

City, State & Zip: Manchester NH 03105

Fax: 603.625.5650

email address: aniko.bouley@mclane.com

SECTION I - NAME AVAILABILITY (This section for new application only)

NAME AVAILABILITY CHOICES

1st Choice New Hampshire Municipal Association Property -

2nd Choice Liability Trust, Inc. OK gr 8/31

3rd Choice _____ w/ consent Attached

Place of Business - Town/City: _____

Purpose of Business: _____

OFFICE USE ONLY

- _____
- _____
- _____
- _____

SECTION II - DOCUMENT REVIEW

ATTACHED FOR REVIEW (entity name): New Hampshire Municipal Association

List Forms (i.e amendments, withdrawals, mergers, cancellations, annual reports): Property-Liability Trust, Inc.

- | | |
|----------------------------|----------|
| 1. CHECK # _____ | 5. _____ |
| 2. ACH # <u>5147</u> | 6. _____ |
| 3. <u>CERT. OF REVIVAL</u> | 7. _____ |
| 4. <u>CONSENT</u> | 8. _____ |

*All filings require that the name availability be verified and detailing specific purposes whenever available.

Please Do Not Write in Area Below - Office Use Only

Documents have been reviewed. Please see following note regarding same:

State of New Hampshire
Correspondence (MISC) 1 Page(s)



T1124331025

DOCUMENT(S) REVIEWED BY: [Signature]

Total Fee \$ _____

STATE OF NEW HAMPSHIRE
Certificate of Revival
of
A New Hampshire Nonprofit Corporation

- A. Name of Corporation:
New Hampshire Municipal Association Property-Liability Trust, Inc.
(must be name it bore when certificate of incorporation expired)
- B. Address at which business of the corporation is to be carried on:
25 Triangle Park Dr., Concord, NH 03302
- C. Names and address of all the officers and directors or governing board of the corporation: (please print)

OFFICERS

DIRECTORS
(or governing board)

Vice President Pamela Brenner
Address 1 Grove Street
(Street)
Peterborough NH 03458
(Town/City) (State) (Zip)

Name Pamela Brenner
Address 1 Grove Street
(Street)
Peterborough NH 03458
(Town/City) (State) (Zip)

Treasurer _____
Address _____
(Street)

(Town/City) (State) (Zip)

Name Phil D'Avanza
Address 442 E. Dunbarton Road
(Street)
Goffstown NH 03045
(Town/City) (State) (Zip)

Secretary _____
Address _____
(Street)

(Town/City) (State) (Zip)

Name _____
Address _____
(Street)

(Town/City) (State) (Zip)

(LIST ADDITIONAL NAMES BELOW OR ATTACH ADDITIONAL SHEET)



Name of corporation: New Hampshire Municipal Association Property-Liability Trust, Inc.

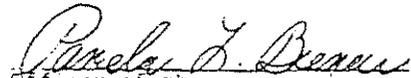
D. I, the undersigned, being an officer of the corporation, hereby certify that the above named corporation's charter was organized under the laws of New Hampshire; its charter was forfeited under RSA 292:25 and that this certificate is filed by authority of:

(Check one)*

those who were directors or members of the governing body of the corporation at the time its charter was repealed, revoked and annulled.

_____ the full board of directors elected by the stockholders at a special meeting as provided for by RSA 292:30 in accordance with the bylaws of the corporation.

Signed under penalties of perjury


Pamela J. Bennett
Officer of the corporation

STATE OF NEW HAMPSHIRE |
County of Merrimack | S.S.

Subscribed and sworn to before me:


~~(Notary Public or Justice of the Peace)~~

Richard A. Samuels
EXPIRES 7/26/15

(SEAL)

*ATTENTION: If the secretary of state is not satisfied that a certificate of revival is authorized by the directors or stockholders of a corporation, he may decline to accept the certificate and the revival shall not occur.

	Filing Fee	\$50
2005	Return Fee	\$25
2010	Return Fee	\$25
	Return Fees	
	Return Fees	
	Return Fees	

Total Fees Due \$100 (Payable to the State of New Hampshire)

Mail to: Corporation Division, Department of State, State House, 107 North Main Street, Concord NH 03301-4989

AFFIDAVIT

I, Pamela Brenner, the Vice President of New Hampshire Municipal Association Property-Liability Trust, Inc., a New Hampshire voluntary corporation (the "Corporation"), being duly sworn, state the following based upon personal knowledge:

- 1. That a meeting of the Board of Trustees was duly and properly noticed in accordance with the Corporation's bylaws and held on August 31, 2011.
- 2. That a majority of the trustees of the Corporation is required at a meeting of the Board of Trustees in order to have a quorum in accordance with the Corporation's bylaws.
- 3. That a majority of the trustees remaining in office at the time of the revocation of the Corporation's charter or certificate of incorporation pursuant to New Hampshire Revised Statutes Annotated 292:25 were present at the August 31, 2011 meeting and as such satisfied the quorum requirements of the Corporation's bylaws.
- 4. That all members of the Board of Trustees of the Corporation present at the meeting held on August 31, 2011 voted in favor of the revival described in the Certificate of Revival being filed with the New Hampshire Secretary of State.

Date: August 31, 2011

Pamela L. Brenner

Name: Pamela Brenner
Title: Vice President of New Hampshire Municipal Association Property-Liability Trust, Inc.

STATE OF NEW HAMPSHIRE
COUNTY OF Merrimack

Pamela Brenner, personally appeared before me on this day signing the above Affidavit and swearing that it is true to the best of his/her knowledge and belief.

Date: 8/31/11

By: [Signature]
Justice of the Peace/Notary Public Richard A. Samuels
Expires 7/28/15



CONSENT

NEW HAMPSHIRE MUNICIPAL ASSOCIATION, LLC, a New Hampshire limited liability company, holder of trade name New Hampshire Municipal Association with the New Hampshire Secretary of State, hereby consents to the revival of a New Hampshire nonprofit or not-for-profit corporation using the name New Hampshire Municipal Association Property-Liability Trust, Inc.

NEW HAMPSHIRE MUNICIPAL
ASSOCIATION, LLC

Date: August 31, 2011

By: Maura J. Carroll
Name: Maura Carroll
Title: Executive Director

Exhibit 27



Local Government Center

November 15, 2010

Dear Members,

On October 28, 2010 the Bureau of Securities Regulation issued an “interim report” about the operations of the Local Government Center and the risk pools it operates. The New Hampshire Department of State is investigating a private complaint against Local Government Center, Inc. (LGC).

To date the Department has requested documentation, in response to which LGC has produced over 4,000 pages of materials. The interim report describes the Department’s existing questions following its initial document review. It is important to recognize that LGC has not yet had an opportunity to address these questions, explain the information provided or put it into context, or offer additional information that may allay the Department’s concerns. Please note that there are no findings in this interim report.

The following briefly summarizes answers to some of the questions about the reorganization, strategic funding and operational expenditures.

LGC’s Reorganization in 2003

Since 1941, New Hampshire Municipal Association (NHMA) has been a nonprofit organization providing training, advocacy and other valuable and essential services to local governments. In response to the unavailability of risk coverage in the commercial insurance market in the 1980s, NHMA formed two additional nonprofit corporations which operated pooled risk management programs: NHMA Health Insurance Trust, Inc. and NHMA Property-Liability Insurance Trust, Inc. These two pooled risk management programs contracted with NHMA for administrative services, and had substantial overlap of membership and directors. By the early 2000s, other pooled risk management programs emerged which provided significant competition to the NHMA programs. Representatives of the boards of NHMA, HealthTrust and Property-Liability Trust formed a joint committee to address this new competitive environment in which they operated.

After a series of meetings, the boards of each of the three entities agreed to consolidate into a single organization governed by one board. The goals of the consolidation included:

- providing stability for all programs and maximizing efficiencies through shared resources;
- creating an integrated organizational structure which could adapt to market challenges and respond quickly to member needs;
- offering better service to members through package pricing and one-stop shopping;
- developing a unified culture and brand; and
- establishing a streamlined and more effective governance process to facilitate all of the foregoing goals.
-

This consolidation is described on the first page of the LGC Bylaws, which have been on file with the New Hampshire Secretary of State since 2003, as required by RSA 5-B.

NH Municipal Association
Fax: 603.224.5406

Workers’ Compensation Trust
Fax: 603.226.2322

Property-Liability Trust
Fax: 603.226.2322

HealthTrust
Fax: 603.226.2938

Use of Delaware Entities for the 2003 Reorganization

With the advice of legal counsel, the boards of NHMA, HealthTrust and Property-Liability Trust considered different corporate structures to complete the consolidation. Although the three corporations could have merged into a single corporation managing all lines of coverage, or into a parent corporation with a subsidiary corporation, the boards were concerned about combining liabilities and adding unnecessary governance layers. Because of the breadth and complexity of the NHMA services and the HealthTrust and Property-Liability Trust pooled risk management programs, the boards approved a system structure with a nonprofit parent corporation (Local Government Center) and single-member limited liability companies for each of the primary operations. This structure met the requirements of RSA 5-B, permitted integrated governance by a single board, and maintained liability protection.

For legal, tax and operational reasons, LGC was advised by legal counsel that it was more advantageous to convert the existing corporations into limited liability companies than to dissolve them and establish and fund new limited liability companies. The three original nonprofit corporations, NHMA, HealthTrust and Property-Liability Trust, were established under New Hampshire's nonprofit corporation statute, RSA 292. This statute, enacted in the 1800s with few subsequent revisions, simply does not contemplate any transactions with a limited liability company like the New Hampshire for-profit corporation and limited liability company laws do. Because the mechanism for altering the legal form of these entities was not contemplated under New Hampshire law, LGC's lawyers used a series of simultaneous transactions with transitional Delaware limited liability companies to simply change HealthTrust and Property-Liability Trust from New Hampshire nonprofit corporations to New Hampshire nonprofit limited liability companies. This technique is well-known to corporate transactional lawyers and, for example, has been used by New Hampshire nonprofit hospitals to alter the legal form of some of their subsidiaries.

Strategic Funding

The decision to fund strategic priorities followed the 2003 vote to consolidate into a unified organization. It was based on a desire to offer several lines of coverage, to coordinate activities related to those coverages in a cost-efficient manner and to better serve our members. The activities funded in the last six years as a part of that strategy include training, wellness and loss prevention, as well as a subsidy to the workers' compensation program to assist its entry into the marketplace.

The LGC Board annually reviews and consistently states that following a strategic plan should not increase health rates over time. In fact, over time, funding strategic initiatives has led to a better focus on keeping employees healthy and lowering claims costs, which is the single most important factor in determining rates. The Board makes rate decisions each year that incorporate a review of claims trends, advice from actuaries, legal counsel and other expert consultants, and robust discussion by all of its Board members. While Board members all bring unique perspectives to the table, the Board ultimately reaches a decision based on the best interests of LGC and its members, in fulfillment of its fiduciary duties.

The long-term intent was to eliminate the use of strategic funding in the way that it was initially established over a period of roughly five years. In addition, during the years that the Board used the strategic funding monies, net assets were sufficient so that rates were not affected by the strategic activities. For 2011, however, the Board determined that a continuation of the existing method of funding strategic priorities would lead to a rate increase because net assets have been depleted by claims expenses. Accordingly, the Board determined that the time has come to fund strategic items through LGC's operating budget and has directed staff to do so in preparing the 2011 budget.

November 16, 2010

Page 3

LGC Expenditures

The Department's interim report raised questions about the proper expenditure of LGC funds. Please note that the Securities Bureau had only the expense side of the ledger, not the asset side when it issued the interim report. Below are a few of the examples where assets cover expenses and what was provided with those specific expenditures.

LGC Annual Conference. The report noted \$85,832 in LGC Annual Conference expenses, including \$68,628 to the Radisson Hotel in Manchester, New Hampshire. LGC received \$164,408 in sponsorship income, exhibitor fees and registrations which more than covered the related expenses. That revenue also allows LGC to subsidize other member services.

Catering. LGC arranges for catering for groups that meet within its facility and these groups reimburse LGC for all catering costs. The listed amounts included \$51,079, all of which was reimbursed by these groups. LGC also pays for catering and outside meeting space for trainings held for its members.

Land and Payment in Lieu of Taxes. During 2006, both HealthTrust and Property-Liability Trust provided funding to LGC to purchase a piece of land to allow for expansion at the current site. The total for this transaction was \$1,645,000 for which 17.72 acres of land was purchased. The Board's intention at the time was to segregate land to allow for the expansion of the LGC facility and to sell the remaining land at an opportune time. LGC also makes a payment-in-lieu of taxes of \$63,452 to the City of Concord for the property it owns.

Miscellaneous. Other listed expenses include \$3,370 in contributions to United Way, which reflect payroll deductions from employees' checks, organizational and staff dues (\$17,524) and purchase of publications (\$266).

LGC Services to Members

We know from our recent member survey that most of our members---98 percent---believe the value of their membership is "valuable" or "highly valuable," and that's important to us. Despite the external challenges, LGC staff work daily to bring you services that we know mean a lot to you, like legal advisory services, training, educational publications, advocacy and the risk pool coverages and services. Knowing that we play a part in helping you to do your jobs even better is important to us, and we're always looking for ways to improve what we do for you. Your continued input, whether formal or informal, is key to that process.

I hope that this information is of help to you in understanding the questions raised by the Department of State's interim report. We will continue to provide updates on LGC activities but, if there are specific questions you would like to ask, please ask me or any member of the staff and we will get an answer for you.

Sincerely,



Maura Carroll
Executive Director

Exhibit 28

October 13, 2011

VIA HAND DELIVERY

Corporate Division
New Hampshire Department of State
107 North Main Street
Concord NH 03301-4989

Re: Local Government Center HealthTrust, LLC
Business ID: 441620
- Annual Report Correction for years 2004 through 2011

Dear Sir/Madam:

Please let this letter serve as notification regarding the correction of the above referenced limited liability company's annual report filings for years 2004 through 2011.

As stated in Article Fifth of the original Certificate of Formation, the management of the limited liability company is not vested in a manager or managers, therefore the previously filed annual reports should have reflected the following information:

Member:

Local Government Center, Inc.
25 Triangle Park Drive
Concord, NH 03302

Please correct this information accordingly. I appreciate your assistance.

Very truly yours,



Maura Carroll, Executive Director of
Local Government Center, Inc.,
as the Sole Member of
Local Government Center HealthTrust, LLC

STATE OF NEW HAMPSHIRE

Filing fee: \$35.00

Form No. LLC-4
RSA 304-C:17

LIMITED LIABILITY COMPANY
RESTATED CERTIFICATE OF FORMATION

PURSUANT TO THE PROVISIONS OF CHAPTER 304-C, SECTION 17 OF THE NEW HAMPSHIRE REVISED STATUTES ANNOTATED, THE UNDERSIGNED SUBMITS THE FOLLOWING RESTATED CERTIFICATE OF FORMATION:

FIRST: The name of the limited liability company as presently recorded is:

Local Government Center HealthTrust, LLC

SECOND: Here insert all of the operating provisions of the certificate of formation as amended.

FIRST: The name of the limited liability company is:

Local Government Center HealthTrust, LLC

SECOND: The nature of the primary business or purposes is to provide health benefits to employees of members.

THIRD: The name of the limited liability company's registered agent is David I. Frydman, and the street address, town/city of its registered office is 25 Triangle Park Drive, Concord, NH 03301.

FOURTH: There shall be no fixed date upon which the Company shall dissolve.

FIFTH: The management of the limited liability company is not vested in a manager or managers.

THIRD: The foregoing certificate of formation correctly sets forth without change the corresponding provisions of the certificate of formation as heretofore amended, and supersedes the original certificate of formation and all amendments thereto.

LOCAL GOVERNMENT CENTER
HEALTHTRUST, LLC

By its Sole Member:
LOCAL GOVERNMENT CENTER, INC.

Dated: October 13, 2011

By: Maura Carroll
Maura Carroll, Executive Director

Exhibit 29

October 13, 2011

VIA HAND DELIVERY

Corporate Division
New Hampshire Department of State
107 North Main Street
Concord NH 03301-4989

**Re: Local Government Center Property-Liability Trust, LLC
Business ID: 441617
- Annual Report Correction for years 2004 through 2011**

Dear Sir/Madam:

Please let this letter serve as notification regarding the correction of the above referenced limited liability company's annual report filings for years 2004 through 2011.

As stated in Article Fifth of the original Certificate of Formation, the management of the limited liability company is not vested in a manager or managers, therefore the previously filed annual reports should have reflected the following information:

Member:

Local Government Center, Inc.
25 Triangle Park Drive
Concord, NH 03302

Please correct this information accordingly. I appreciate your assistance.

Very truly yours,



Maura Carroll, Executive Director of
Local Government Center, Inc.,
as the Sole Member of
Local Government Center Property-Liability Trust, LLC

STATE OF NEW HAMPSHIRE

Filing fee: \$35.00

Form No. LLC-4
RSA 304-C:17

LIMITED LIABILITY COMPANY
RESTATED CERTIFICATE OF FORMATION

PURSUANT TO THE PROVISIONS OF CHAPTER 304-C, SECTION 17 OF THE NEW HAMPSHIRE REVISED STATUTES ANNOTATED, THE UNDERSIGNED SUBMITS THE FOLLOWING RESTATED CERTIFICATE OF FORMATION:

FIRST: The name of the limited liability company as presently recorded is:

Local Government Center Property-Liability Trust, LLC

SECOND: Here insert all of the operating provisions of the certificate of formation as amended.

FIRST: The name of the limited liability company is:

Local Government Center Property-Liability Trust, LLC

SECOND: The nature of the primary business or purposes is to provide property-liability and workers' compensation coverage to members of its pooled risk management program.

THIRD: The name of the limited liability company's registered agent is David I. Frydman, and the street address, town/city of its registered office is 25 Triangle Park Drive, Concord, NH 03301.

FOURTH: There shall be no fixed date upon which the Company shall dissolve.

FIFTH: The management of the limited liability company is not vested in a manager or managers.

THIRD: The foregoing certificate of formation correctly sets forth without change the corresponding provisions of the certificate of formation as heretofore amended, and supersedes the original certificate of formation and all amendments thereto.

LOCAL GOVERNMENT CENTER PROPERTY-
LIABILITY TRUST, LLC

By its Sole Member:
LOCAL GOVERNMENT CENTER, INC.

Dated: October 13, 2011

By: Maura Carroll
Maura Carroll, Executive Director

Exhibit 30

4. Provide copies of the NHMA Operating Agreement, the HealthTrust Operating Agreement, the PLT Operating Agreement, and any rules and other agreements pursuant or incident to the operative documents as defined in the LGC bylaws.

The following documents exist: LGC Bylaws and an NHMA Operating Agreement. These are provided.