No. **C 203396**	**Due no later than Sep 30, 2017**	2. Registered Agent and Address **(NO PO BOX)**

Annual Report Form

Return to:	**1. Mailing Address: Correct in this box if needed.**	C T CORPORATION SYSTEM

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

**NO FILING FEE IF
RECEIVED BY DUE DATE**

1. Mailing Address: Correct in this box if needed.

LEXISNEXIS RISK SOLUTIONS FL INC.
RENEE SIMONTON
1105 N MARKET ST STE 501
SUITE 501
WILMINGTON DC 19801

2. Registered Agent and Address **(NO PO BOX)**

C T CORPORATION SYSTEM
921 S ORCHARD ST STE G
BOISE ID 83705

3. <u>New</u> Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	MARK V KELSEY	1000 ALDERMAN DR	ALPHARETTA	GA		30005
SECRETARY	JULIE GOLDWEITZ	230 PARK AVE	NEW YORK	NY		10169
DIRECTOR	KENNETH FOGARTY	313 WASHINGTON ST	NEWTON	MA	USA	02458
DIRECTOR	MARK KELSEY	1000 ALDERMAN DR	ALPHARETTA	GA	USA	30005
DIRECTOR	JULIE GOLDWEITZ	230 PARK AVE	NEW YORK	NY	USA	10169
DIRECTOR	KENNETH THOMPSON	9443 SPRINGBORO PIKE	MIAMISBURG	OH	USA	45342
VICE PRESIDENT	PETER DANGOIA	313 WASHINGTON ST	NEWTON	MA	USA	02458
VICE PRESIDENT	RENEE SIMONTON	1105 NORTH MARKET ST	WILMINGTON	DE	USA	19801
TREASURER	KENNETH FOGARTY	313 WASHINGTON ST	NEWTON	MA	USA	02458

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
MN **C 203396**	Signature: RENEE SIMONTON	Date: 08/01/2017
	Name (type or print): RENEE SIMONTON	Title: VICE PRESIDENT

Processed 08/01/2017	* Electronically provided signatures are accepted as original signatures.