No. C 175876		Due no later than Nov 30, 2016		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		to the second at the second second second	CT CORPORATION SYSTEM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. EXCESS RISK REINSURANCE, INC. JOANNA WEBB PO BOX 1170 RIDGELAND MS 39158		1111 W JEFFERSONSTE 530 BOISE ID 83702 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter	Names and Busin	ess Addresses of Pres	sident, Secretary, and Directors. Treasur	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	STEVE PARKER		605 RENAISSANCE WAY	RIDGELAND	MS	USA	39157	
DIRECTOR THERESA GALIZIA		ALIZIA	175 POWDER FOREST DRIVE	WEATOGUE	CT	USA	06089	
DIRECTOR TAMMI DULE		BERGER	175 POWDER FOREST DRIVE	WEATOGUE	CT	USA	06089	
DIRECTOR DAIVD DAUS		SMAN	605 RENAISSANCE WAY	RIDGELAND	MS	USA	39157	
SECRETARY MATT DOLA		N	175 POWDER FOREST DRIVE	WEATOGUE	CT	USA	06089	
PRESIDENT	MATT DOLA	N	175 POWDER FOREST DRIVE	WEATOGUE	СТ	USA	06089	
5. Organized Under the Laws of: 6. Annu		6. Annual Report mu	. Annual Report must be signed.*					
MS		Signature: Steven Parker			Date: 11/09/2016			
C 175876		Name (type or print): Steven Parker		Title: Div President				
Processed 11/09/2016		* Electronically provided signatures are accepted as original signatures.						