

No. C 192160		Due no later than Aug 31, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
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. ALTERIS INSURANCE SERVICES, INC. REGULATORY COMPLIANCE P.O. BOX 469011 SAN ANTONIO TX 78246-9011		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
				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	
DIRECTOR	CRAIG S. COMEAUX	175 E. HOUSTON ST STE 1300	SAN ANTONIO	TX	USA	78205	
SECRETARY	CRAIG S COMEAUX	175 E HOUSTON ST STE 1300	SAN ANTONIO	TX	USA	78205	
DIRECTOR	ALAN L WYNN	225 W. WASHINGTON ST 24TH FL	CHICAGO	IL	USA	60606	
PRESIDENT	ANDREW M BORST	ONE MONARCH PLACE, 22ND FL	SPRINGFIELD	MA	USA	01144	
DIRECTOR	ANDREW M BORST	ONE MONARCH PLACE, 22ND FL	SPRINGFIELD	MA	USA	01144	
5. Organized Under the Laws of: MA C 192160		6. Annual Report must be signed.* Signature: Craig S Comeaux Name (type or print): Craig S Comeaux Date: 07/02/2018 Title: Secretary					
Processed 07/02/2018		* Electronically provided signatures are accepted as original signatures.					