

No. C 203946		Due no later than Nov 30, 2017		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. ALTERNATIVE RISK COMPANY ALTERNATIVE RISK COMPANY 605 SW US HWY 40 #359 BLUE SPRINGS MO 64014		BILL DEAL 700 W STATE ST FL 3 IDAHO DEPT OF INSURANCE BOISE ID 83702	
				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	CHAD BROWN	605 SW US HWY 40 #359	BLUE SPRINGS	MO	64014
SECRETARY	AMANDA BROWN	605 SW US HWY 40 #359	BLUE SPRINGS	MO	64014
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
MO C 203946		Signature: Chad E Brown		Date: 11/13/2017	
		Name (type or print): Chad E Brown		Title: President	
Processed 11/13/2017		* Electronically provided signatures are accepted as original signatures.			