

No. C 175094		Due no later than Sep 30, 2011 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. RISK SPECIALISTS COMPANIES INSURANCE AGENCY, INC. CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA			
						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	NICHOLAS E ANSELMO	100 SUMMER STREET	BOSTON	MA	USA	02110	
DIRECTOR	PETER J EASTWOOD	100 SUMMER STREET	BOSTON	MA	USA	02110	
DIRECTOR	MATHEW F POWER	100 SUMMER STREET	BOSTON	MA	USA	02110	
TREASURER	KEVIN A SULLIVAN	100 SUMMER ST 21ST FLOOR	BOSTON	MA	USA	02110	
PRESIDENT	MATTHEW F POWER	100 SUMMER ST	BOSTON	MA	USA	02110	
5. Organized Under the Laws of: MA C 175094		6. Annual Report must be signed.* Signature: Tanya E Kent Name (type or print): Tanya E Kent					
		Date: 08/31/2011 Title: Clerk					
Processed 08/31/2011		* Electronically provided signatures are accepted as original signatures.					