

No. C 203946		Due no later than Nov 30, 2016 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. 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		
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: MO C 203946		6. Annual Report must be signed.* Signature: Chad E Brown Name (type or print): Chad E Brown				
		Date: 12/01/2016 Title: President				
Processed 12/01/2016 * Electronically provided signatures are accepted as original signatures.						