

No. C 146249	Due no later than Nov 30, 2017 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. ARCH SPECIALTY INSURANCE AGENCY INC. MELISSA B GILLIGAN 185 ASYLUM ST. CITYPLACE II 16TH FLOOR HARTFORD CT 06103		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
			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
SECRETARY	PATRICK KENNETH NAILS	HARBORSIDE 3, 210 HUDSON ST SUITE 300	JERSEY CITY	NJ	USA	07311
DIRECTOR	DAVID H MCELROY	HARBORSIDE 3, 210 HUDSON STREE SUITE 300	JERSEY CITY	NJ	USA	07311
DIRECTOR	DENNIS R BRAND	HARBORSIDE 3, 210 HUDSON STREE SUITE 300	JERSEY CITY	NJ	USA	07311
DIRECTOR	THOMAS AHERN	HARBORSIDE 3, 210 HUDSON STREE SUITE 300	JERSEY CITY	NJ	USA	07311
PRESIDENT	JOHN P MENTZ	HARBORSIDE 3, 210 HUDSON STREE SUITE 300	JERSEY CITY	NJ	USA	07311
5. Organized Under the Laws of: MO C 146249		6. Annual Report must be signed.* Signature: Melissa B Gilligan Name (type or print): Melissa B Gilligan Date: 09/20/2017 Title: Assistant Secretary				
Processed 09/20/2017		* Electronically provided signatures are accepted as original signatures.				