

No. C 182263		Due no later than Mar 31, 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. ALLIED SPECIALTY INSURANCE, INC. LISA CUMMINGS 10451 GULF BLVD TREASURE ISLAND FL 33706-4814		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	
PRESIDENT	MARY CHRISTINE SMITH	10451 GULF BLVD	TREASURE ISLAND	FL	USA	33706-4814	
DIRECTOR	MARY CHRISTINE SMITH	10451 GULF BOULEVARD	TREASURE ISLAND	FL	USA	33706-4814	
TREASURER	SHARON L KEEFE	10451 GULF BOULEVARD	TREASURE ISLAND	FL	USA	33706-4814	
SECRETARY	SHARON L KEEFE	10451 GULF BOULEVARD	TREASURE ISLAND	FL	USA	33706-4814	
VICE PRESIDENT	CAROL SERRA	10451 GULF BOULEVARD	TREASURE ISLAND	FL	USA	33706	
VICE PRESIDENT	SUSAN VEREKER	10451 GULF BOULEVARD	TREASURE ISLAND	FL	USA	33706	
VICE PRESIDENT	SHERRIE CALHOUN	10451 GULF BOULEVARD	TREASURE ISLAND	FL	USA	33706	
DIRECTOR	SHARON L KEEFE	10451 GULF BOULEVARD	TREASURE ISLAND	FL	USA	33706	
DIRECTOR	ROBERT C LAMB, JR.	10451 GULF BOULEVARD	TREASURE ISLAND	FL	USA	33706	
5. Organized Under the Laws of: FL C 182263		6. Annual Report must be signed.* Signature: Lisa Cummings Name (type or print): Lisa Cummings					
		Date: 02/01/2016 Title: Authorized Signer					
Processed 02/01/2016		* Electronically provided signatures are accepted as original signatures.					