No. <b>W 29931</b>		Due no later than Apr 30, 2010		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702  3. New Registered Agent Signature:*				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.						
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SPECIALTY RISK SERVICES, LLC LOIS CHRISTENSON ONE HARTFORD PLAZA HARTFORD CT 06155						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter	Names and Addresses of	at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER MICHAEL DURY		HARTFORD PLAZA	HARTFORD	CT	USA	06115	
MANAGER GARY TMOMPSON		ONE HARTFORD PLAZA	HARTFORD	CT	USA	06115	
MANAGER ANTHONY	BOURES	55 FARMINGTON AVENUE SUITE 501	HARTFORD	СТ	USA	06105	
5. Organized Under the Laws of: 6. Annual Report mus		st be signed.*					
<b>ID</b> Signature: Mich		el Dury Date: 04/01/2010					
W 29931	Name (type or prir	Name (type or print): Michael Dury		Title: Manager			
Processed 04/01/2010	* Electronically provid	* Electronically provided signatures are accepted as original signatures.					