No. C 195171		Due no later than Jun 30, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		C T CORPORATION SYSTEM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ARCH INSURANCE SOLUTIONS INC. MELISSA B GILLIGAN 185 ASYLUM AVENUE		921 S ORCHARD ST STE G BOISE ID 83705			
NO FILING FEE IF RECEIVED BY DUE DATE		CP II, 16TH FLOOR HARTFORD CT 06103		3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter N	lames and Busin	ess Addresses of Presi	dent, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	DENNIS R B	BRAND	HARBORSIDE 3, 210 HUDSON STREE SUITE 300	JERSEY CITY	NJ	USA	07311
DIRECTOR	DAVID H M	CELROY	HARBORSIDE 3, 210 HUDSON STREE SUITE 300	JERSEY CITY	NJ	USA	07311
TREASURER	THOMAS J	AHERN	HARBORSIDE 3, 210 HUDSON STREE SUITE 300	JERSEY CITY	NJ	USA	07311
SECRETARY	PATRICK K	NAILS	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
	1	C A	11				
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
DE C 195171		Signature: Melissa B. Gilligan Name (type or print): Melissa B. Gilligan Title: Assistant Secretary					
Processed 04/26/2017			ed signatures are accepted as original sig	natures.		•	