No. <b>C 195171</b>		Due no later than Jun 30, 2018		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		Annual Report Form  1. Mailing Address: Correct in this box if needed.  ARCH INSURANCE SOLUTIONS INC.  MELISSA B GILLIGAN 185 ASYLUM AVENUE CP II, 16TH FLOOR HARTFORD CT 06103		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713  3. New Registered Agent Signature:*			
200	Names and Busin	ess Addresses of Preside	nt, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
VICE PRESIDENT	LINDA M FA	LLON	11350 MCCORMICK AVE SUITE 300	JERSEY CITY	NJ	USA	07311
DIRECTOR	THOMAS J	AHERN	HARBORSIDE 3, 210 HUDSON ST SUI 300		NJ	USA	07311
DIRECTOR	PATRICK K	NAILS	HARBORSIDE 3, 210 HUDSON ST SUF 300	TE <sub>JERSEY</sub> CITY	NJ	USA	07311
DIRECTOR	LINDA M FA	LLON	11350 MCCORMICK AVE SUITE 101	<b>HUNT VALLEY</b>	MD	USA	21031
DIRECTOR	JOHN P MEN	NTZ	HARBORSIDE 3, 210 HUDSON ST SUI 300	TE 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
		6. Annual Report must be signed.* Signature: Melissa Gilligan Date: 04/24/2018					
C 195171		Name (type or print):	Title: Asst Secretary				
Processed 04/24/2018		* Electronically provided	signatures are accepted as original sign	atures.			