2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED AND FILED

07 APR 27 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F05000004490

1. Entity Name
A.I. RISK SPECIALISTS INSURANCE, INC.

Principal Place of Business
100 SUMMER STREET
BOSTON, MA 02110

Mailing Address
70 PINE STREET, 30TH FLOOR
NEW YORK, NY 10270

DO NOT WRITE IN THIS SPACE

04232007 No Chg-P CR2E034 (11/05)

4. FEI Number
13-4125003

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

See attached

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EASTWOOD, PETER J
STREET ADDRESS	100 SUMMER STREET
CITY-ST-ZIP	BOSTON, MA 02110
TITLE	EVP
NAME	ANSEIMO, NICHOLAS E
STREET ADDRESS	100 SUMMER STREET
CITY-ST-ZIP	BOSTON, MA 02110
TITLE	V
NAME	PARIS, STEPHEN JOEL
STREET ADDRESS	100 SUMMER STREET
CITY-ST-ZIP	BOSTON, MA 02110
TITLE	CEOD
NAME	KELLY, SHAUN E
STREET ADDRESS	100 SUMMER STREET
CITY-ST-ZIP	BOSTON, MA 02110
TITLE	S
NAME	TUCK, ELIZABETH M
STREET ADDRESS	70 PINE STREET
CITY-ST-ZIP	NEW YORK, NY 10270
TITLE	SVP
NAME	WILLET, JOHN G
STREET ADDRESS	100 SUMMER STREET
CITY-ST-ZIP	BOSTON, MA 02110

300099057273

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth M Tuck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07
Date

Daytime Phone #

Directors / Officers Report

Address for all same as principal.

As of 4/25/2007

A.I. Risk Specialists Insurance, Inc.

Directors

		Effective
Kevin Hugh Kelley	Director	4/14/2000
Shaun Everett Kelly	Director	5/18/2004
Matthew F. Power	Director	6/1/2006

Officers

		Effective
Matthew F. Power	President	6/1/2006
Shaun Everett Kelly	Chief Executive Officer	5/18/2004
John Gerard Willett	Chief Operating Officer	1/3/2006
Nicholas Edward Anselmo	Executive Vice President	5/18/2004
Stephen Joel Paris	Senior Vice President	5/18/2004
Armand George Pepin	Senior Vice President	5/18/2004
John Gerard Willett	Senior Vice President	1/3/2006
Stephen Joel Paris	General Counsel	5/18/2004
Elizabeth Margaret Tuck	Secretary	4/14/2000
Stephen John Andrick	Assistant Secretary	1/3/2006
Amy Marie Cinquegrana	Assistant Secretary	5/18/2004
Patricia V. Craig	Assistant Secretary	2/16/2006
Kevin Robert Miller	Assistant Secretary	9/20/2004
Victoria L. Webb	Assistant Secretary	12/1/2006

A.I. Risk Specialists Insurance, Inc.

John Mathew Artesani	Treasurer	6/1/2006
John Mathew Artesani	Comptroller	5/18/2004

CORPORATION SERVICE COMPANY

4/8/4

ACCOUNT NO. : 072100000032

REFERENCE : 869012 4320171

AUTHORIZATION : Lynell Coleman

COST LIMIT : $ 150.00

ORDER DATE : April 25, 2007

ORDER TIME : 1:18 PM

ORDER NO. : 869012-130

CUSTOMER NO: 4320171

ANNUAL REPORT FILING

NAME: A.I. RISK SPECIALISTS INSURANCE, INC. FL 2007

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DIVISION OF CORPORATIONS
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XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: DSC
4/27/07