

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000003614

FILED
Apr 05, 2012
Secretary of State

Entity Name: ALTERIS INSURANCE SERVICES, INC.

Current Principal Place of Business:

250 SUMMER STREET 3RD FL
BOSTON, MA 02210

New Principal Place of Business:

Current Mailing Address:

250 SUMMER STREET 3RD FL
BOSTON, MA 02210

New Mailing Address:

P.O. BOX 469011
SAN ANTONIO, TX 78246

FEI Number: 04-2442943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SCHENCK, HILBERT V II
Address: 250 SUMMER ST 3RD FLOOR
City-St-Zip: BOSTON, MA 02210

Title: EVPD
Name: ARLEDGE, MICHAEL E
Address: 10101 REUNION PLACE STE 500
City-St-Zip: SAN ANTONIO, TX 78216

Title: VPSD
Name: COMEAUX, CRAIG S
Address: 10101 REUNION PLACE STE 500
City-St-Zip: SAN ANTONIO, TX 78216

Title: VPT
Name: GEURIN, LYNN K
Address: 10101 REUNION PLACE STE 500
City-St-Zip: SAN ANTONIO, TX 78216

Title: VP
Name: PLATT, DANIEL G
Address: 10101 REUNION PLACE STE 500
City-St-Zip: SAN ANTONIO, TX 78216

Title: SVP
Name: DAWSON, DAVID M
Address: 250 SUMMER STREET 3RD FL
City-St-Zip: BOSTON, MA 02210

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CRAIG S. COMEAUX

VPD

04/05/2012

Electronic Signature of Signing Officer or Director

Date