

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90101 039 ***150.00

DOCUMENT # F94000000804

1. Entity Name

ALTERNATIVE RISK TRANSFER INSURANCE STRATEGIES,

Principal Place of Business

Mailing Address

9 FARM SPRINGS DR.
 FARMINGTON CT 06032

9 FARM SPRINGS DR.
 FARMINGTON CT 06032-2526

2. Principal Place of Business

3. Mailing Address

9 Farm Springs Road

9 Farm Springs Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **06-1385513**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	NYMAN, CRAIG A	
STREET ADDRESS	9 FARM SPRINGS ROAD	
CITY-ST-ZIP	FARMINGTON CT 06032	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	MCCANN, JOHN J	
STREET ADDRESS	9 FARM SPRINGS ROAD	
CITY-ST-ZIP	FARMINGTON CT 06032	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SCHULTZ, ROBERT D	
STREET ADDRESS	9 FARM SPRINGS ROAD	
CITY-ST-ZIP	FARMINGTON CT 06032	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WEBB, JAMES W	
STREET ADDRESS	9 FARM SPRINGS ROAD	
CITY-ST-ZIP	FARMINGTON CT 06032	
TITLE	DCEO	<input type="checkbox"/> Delete
NAME	BECKER, W M	
STREET ADDRESS	9 FARM SPRINGS ROAD	
CITY-ST-ZIP	FARMINGTON CT 06032	
TITLE	S	<input type="checkbox"/> Delete
NAME	SPITZER, JUDY S	
STREET ADDRESS	9 FARM SPRINGS ROAD	
CITY-ST-ZIP	FARMINGTON CT 06032	

TITLE	VP/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lawrence W. Gowen	
STREET ADDRESS	9300 Arrowpoint Boulevard	
CITY-ST-ZIP	Charlotte, NC 28201	
TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen M. Mulready	
STREET ADDRESS	9 Farm Springs Road	
CITY-ST-ZIP	Farmington, CT 06032	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edward O'Brien	
STREET ADDRESS	9 Farm Springs Road	
CITY-ST-ZIP	Farmington, CT 06032	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Judy S. Spitzer* **SIGNATURE REQUIRED** Judy S. Spitzer *1/25/00* (860) 674-6881
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #