

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000804

FILED
Apr 15, 2004
Secretary of State

Entity Name: ALTERNATIVE RISK TRANSFER INSURANCE STRATEGIES, INC.

Current Principal Place of Business:

9300 ARROWPOINT BLVD
CHARLOTTE, NC 28273

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1000
CHARLOTTE, NC 28273

New Mailing Address:

FEI Number: 06-1385513 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: FULLER, GWYN
Address: 9300 ARROWPOINT BLVD
City-St-Zip: CHARLOTTE, NC 28273

Title: P () Delete
Name: MULREADY, STEPHEN M
Address: 9 FARM SPRINGS ROAD
City-St-Zip: FARMINGTON, CT 06032

Title: DP () Delete
Name: SCHULTZ, ROBERT D
Address: 9 FARM SPRINGS ROAD
City-St-Zip: FARMINGTON, CT 06032

Title: VP () Delete
Name: O'BRIEN, EDWARD
Address: 9 FARM SPRINGS ROAD
City-St-Zip: FARMINGTON, CT 06032

Title: CS () Delete
Name: PETTIGREW, LINDA Y
Address: 9300 ARROWPOINT BLVD.
City-St-Zip: CHARLOTTE, NC 28273

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: TIGHE, JOHN
Address: 9300 ARROWPOINT BLVD.
City-St-Zip: CHARLOTTE, NC 28273

Title: DVP (X) Change () Addition
Name: CAHILL, DENNIS W
Address: 9300 ARROWPOINT BLVD.
City-St-Zip: CHARLOTTE, NC 28273

Title: VP (X) Change () Addition
Name: DAVENPORT, DAVID M
Address: 9300 ARROWPOINT BLVD.
City-St-Zip: CHARLOTTE, NC 28273

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LINDA Y. PETTIGREW

CS

04/15/2004

Electronic Signature of Signing Officer or Director

_____ Date