


80074283

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

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| <b>DOCUMENT # F9400000804</b><br>1. Entity Name<br><b>ALTERNATIVE RISK TRANSFER INSURANCE STRATEGIES, INC.</b>   |  |  |  |                             |  |
| Principal Place of Business<br>9300 ARROWPOINT BLVD<br>CHARLOTTE, NC 28273   |  | Mailing Address<br>P.O. BOX<br>CHARLOTTE, NC 28273       |  |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br>PO Box 1000<br>Suite, Apt. #, etc. |  |  |  |
| City & State   |  | City & State   |  | 4. FEI Number <b>06-1385513</b> Applied For <input type="checkbox"/> Not Applicable                          |  |
| Zip Country  |  | Zip Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                     |  |
| 6. Name and Address of Current Registered Agent<br>CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.  |  |  |  |  |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when initiating.)</small>  |  |  |  |  |  |
| FILE NOW!!! FEES \$160.00<br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State   |  |  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPT<br>GOWEN, LAWRENCE W<br>9300 ARROWPOINT BLVD<br>CHARLOTTE, NC 28201  | <input checked="" type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Treasurer<br>Gwyn Fuller<br>9300 Arrowpoint Blvd.<br>Charlotte, NC 28273                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SV<br>MULREADY, STEPHEN M<br>9 FARM SPRINGS ROAD<br>FARMINGTON, CT 06032 | <input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | President  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>SCHULTZ, ROBERT D<br>9 FARM SPRINGS ROAD<br>FARMINGTON, CT 06032   | <input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>O'BRIEN, EDWARD<br>9 FARM SPRINGS ROAD<br>FARMINGTON, CT 06032     | <input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DCEO<br>BECKER, W M<br>9 FARM SPRINGS ROAD<br>FARMINGTON, CT 06032       | <input checked="" type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>SPITZER, JUDY S<br>9300 ARROWPOINT BLVD.<br>CHARLOTTE, NC 28273     | <input checked="" type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | CS<br>Linda Y. Pettigrew<br>9300 Arrowpoint Blvd.<br>Charlotte, NC 28273                                     |  |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. |  |  |  |  |  |
| SIGNATURE: _____   |  | Linda Y. Pettigrew, Corp. Secretary 4/2/2003             |  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  |  |  |  |

CR2E034 (10/02)