

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _ 2010

I. Corporate ID No. 504913	2. Name of Cor ARISE Bo	2. Name of Corporation ARISE Boiler Inspection and Insurance Company Risk Retention Group				
3. Street Address Principal Business Office 1700 Eastpoint Parkway 4. Business Phone No. 5. State of Incorporation Kentucky			Louisville	State KY	7ip 40223	
 Brief Description of the Challenger Insurance Services 	tracter of Business Condu	icted in Rhode Island				
	ESSES OF THE OFF	ICERS: ("X" BOX FOR ATTA	CHMENT) [FILL IN	SPACES BEFORE USING	ATTACHMENTS	
President Name Timothy Rhodes		Vice President Name None				
Street Address 7000 South Edgerton Road, Suite 100			Street Address			
ार Brecksville	State OH	<i>Zip</i> 44141	City	State	Zip	
Secretary Name Dennis McGowan			Treasurer Name Dennis McGowan			
Street Address 100 Walnut Avenue, Fifth Floor			Street Address 100 Walnut Avenue, Fifth Floor			
city Clark	State NJ	^{Ζιρ} 07066	Cip ^r Clark	State NJ	^{Zip} 07066	
	ESSES OF THE DIR	ECTORS: ("X" BOX FOR ATT		N SPACES BEFORE USIN	G ATTACHMENTS	
Director Name William Ramonas			Director Name Glenn Giles			
Street Address			Street Address			
100 Walnut Avenue, Fifth Floor			100 Walnut Avenue, Fifth Floor			
Tity	State	Zip	City	State	Zip	
Clark	NJ	07066	Clark	NJ	07066	
Pirector Name Dennis McGowan	_		Director Name	•••••••••••••••		
Street Address 100 Walnut Avenue, Fifth Floor			Street Address			
any Clark	State NJ	<i>г.</i> ір 07066	City	State	Zip	
. SHARES AUTHORIZ	ED	•	10. SHARES ISSUET	O ("X" BOX FOR ATTAC	HMENT) 🗌	
			ISSUED SHARES — THIS S.	ECTION <u>MUST</u> BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		Number of Shares	Class/Series	Par Value		
		100	Common	No Par Value		
100						
'his report must be exe his report must be exec	cuted on behalf of the	he corporation by an authorize the corporation by the receiver of	d representative. If the or trustee.	corporation is in the hand	s of a receiver or trustee,	

File Date FILED Check FoEB 2 2 2010 FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and a	ffirm that I have examined this report	t,
including any accompanying schedules a	and statements, and that all statement	S
contained herein are true and correct.	i i	
	1/27/2010	
Signature	Date	_
Timothy Bhodes		
Print or Type Name		_
President		
Title	E 620 D 09/09	
	Form 630 Rev. 08/08	