| | State of Rhode Island and Pr Office of the Secret | | | | |
|--|--|---|--|--|--|
| Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 | | | | | |
| | | | | | |
| Innual Report | - March 1 | | | | |
| | S.L. 7-1.2-1501(e), each corporation fail / (30) days after the time prescribed by nalty fee of \$25.00. | | | | |
| ANNUAL REPORT YEA | NR: <u>2016</u> | | | | |
| 1. Corporate ID No. | 000120253 | | | | |
| 2. Name of Corporati | on Insurance Center Special Risks, I | <u>.td.</u> | | | |
| 3. Street Address Prin | cipal Business Office: | | | | |
| - | 20 GOLD STREET AGAWAM State: M | <u>A</u> Zip: <u>01001</u> Country: <u>USA</u> | | | |
| 5. State of Incorporati | on | | | | |
| State: <u>MA</u> | | | | | |
| | the Character of Business Conduct | ed in Rhode Island | | | |
| | | | | | |
| INSURANCE | | | | | |
| 7. Names and Address | ses of the Officers and Directors: | | | | |
| All officers and dire | ectors must be listed. | | | | |
| Title | Individual Name | Address | | | |
| PRESIDENT | First, Middle, Last, Suffix DAVID T. FLORIAN | Address, City or Town, State, Zip Code, Country | | | |
| | | 19 ETON ROAD LONGMEADOW, MA 01106 USA | | | |
| SECRETARY | WILLIAM O TRUDEAU | 54 BROOKSIDE DRIVE WILBRAHAM, MA 01095 USA | | | |
| | | | | | |
| 8. Shares Authorized | and Issued | | | | |
| | | Total Issu | | | |

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares Number of Shares | and Outstanding Num of Shares |
|----------------|-----------------|---------------------|--|--|
| CNP | | \$0.0000 | 1,000.00 | 490 |

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 12 Day of January, 2016 at 10:15:37 AM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By DAVID T. FLORIAN

Signature of Authorized Representative of the Corporation

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630 Revised 09/07

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