



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>146899</b>		2. Exact name of the Corporation <b>Markel Aspen, Inc.</b>			
3. Principal office address <b>222 S 15TH STREET, #1500N</b>			City <b>Omaha</b>	State <b>NE</b>	Zip <b>68102</b>
4. Business Phone No. <b>888-500-3344</b>			5. State of Incorporation <b>Delaware</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Insurance holding company</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
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	\$0.01

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
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*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.*

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

**FOR SECRETARY OF STATE USE ONLY**

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

**FILED**

**MAR 16 2016**

Signature of Authorized Representative

3/14/16  
Date

**Karl M. Strait**

Print or Type Name of Authorized Representative

By: 210183

A.A. 10 33 A.M.

**Markel Aspen, Inc.**

**RI ID#146899**

Filing Period January 1 – March 1, 2015

Directors

Gerard Albanese, Jr.\*

F. Michael Crowley\*

Britton L. Glisson\*

Anne G. Waleski\*

Richard R. Whitt, III\*

Officers

F. Michael Crowley\*

Anne G. Waleski\*

Richard R. Grinnan\*

Genevieve K. Murtaugh\*

Kelli S. Plusch \*

Karl M. Strait\*

Stephen P. Letak\*\*

April L. Duff\*

Chairman of the Board and President

Vice President and Treasurer

Vice President and Secretary

Assistant Secretary/Senior Tax Director

Assistant Secretary/Tax Director

Assistant Secretary

Assistant Treasurer

Assistant Treasurer

\* 4521 Highwoods Parkway, Glen Allen, VA 23060

\*\* 2 Front Street, Hamilton HM11 Bermuda