

1.) CORPORATION NAME: Brazos Specialty Risk, Inc.	DUE DATE: 5/31/2016				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: C T CORPORATION SYSTEM 4701 COX RD STE 285 GLEN ALLEN, VA	SCC ID NO: F1996067				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMA</td> <td>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMA	10,000
CLASS	AUTHORIZED				
COMA	10,000				
4.) STATE OR COUNTRY OF INCORPORATION: TX					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2113 GREENBRIAR DR STE D

CITY/ST/ZIP: SOUTHLAKE, TX 76092

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: STEPHEN SU TITLE: PRESIDENT ADDRESS: 2113 GREENBRIAR DR CITY/ST/ZIP/CO: SOUTHLAKE, TX 76092	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: CHRISTOPHER POLK TITLE: DIRECTOR ADDRESS: 2113 GREENBRIAR DR CITY/ST/ZIP/CO: SOUTHLAKE, TX 76092	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: STEVEN ROSE TITLE: DIRECTOR ADDRESS: 2113 GREENBRIAR DR CITY/ST/ZIP/CO: SOUTHLAKE, TX 76092	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ STEPHEN SU	STEPHEN SU, PRESIDENT	3/28/2016
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.