

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0097354

DOCUMENT # **N02000008017**

1. Entity Name

~~INSURANCE INDUSTRY ASSOCIATION, INC.~~
Digital Risk Underwriting and Management Society, Inc.



FILED

03 MAY 13 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Principal Place of Business: 555 SOUTH FRONT STREET, SUITE 350, COLUMBUS OH 43215
Mailing Address: PO BOX 16275, COLUMBUS OH 43216

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State: City & State
Zip: Country

4. FEI Number: **59-3764555**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ROTHMAN, JOEL B
2500 NORTH MILITARY TRAIL
SUITE 111
BOCA RATON FL 33431

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL 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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: D <input type="checkbox"/> Delete NAME: ROTHMAN, JOEL B STREET ADDRESS: 2500 NORTH MILITARY TRAIL SUITE 111 CITY-ST-ZIP: BOCA RATON FL 33431	
TITLE: D <input type="checkbox"/> Delete NAME: CROYDON, HARRY STREET ADDRESS: 12 LEADENHALL STREET, LONDON EC3V CITY-ST-ZIP: 1LP UNITED KINGDOM	
TITLE: D <input type="checkbox"/> Delete NAME: FELDMAN, BRAD STREET ADDRESS: C/O BLF MANAGEMENT 555 SOUTH FRONT ST. 350 CITY-ST-ZIP: COLOMBUS OH 43215	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	000020416710 06/03/03--01018--011 **70.00
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	

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 617, 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: *Brad Feldman* **04/29/03** **614-221-9493**

CR2E037 (10/02)