

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000001825

Entity Name: HNI RISK SERVICES OF MICHIGAN, LLC

Current Principal Place of Business:

140 MONROE CENTER ST NW, STE. 200
GRAND RAPIDS, MI 49503

Current Mailing Address:

P O BOX 510187
NEW BERLIN, WI 53151 US

FEI Number: 27-5095730

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name HNI, INC.
Address 16805 W. CLEVELAND AVENUE
City-State-Zip: NEW BERLIN WI 53151

Title AUTHORIZED MEMBER
Name MCKINLEY, JAMES 1450
Address 140 MONROE CENTER ST NW, STE.
200
City-State-Zip: GRAND RAPIDS MI 49503

Title AUTHORIZED MEMBER
Name PHELPS, RANDALL
Address 140 MONROE CENTER ST NW, STE.
200
City-State-Zip: GRAND RAPIDS MI 49503

Title AUTHORIZED MEMBER
Name ROGERS, JOHN
Address 140 MONROE CENTER ST NW, STE.
200
City-State-Zip: GRAND RAPIDS MI 49503

Title AUTHORIZED REPRESENTATIVE
Name STEFFEN, NATHAN
Address 140 MONROE CENTER ST NW, STE.
200
City-State-Zip: GRAND RAPIDS MI 49503

Title CFO, COO
Name NATALIZIO, JAMES
Address 16805 W. CLEVELAND AVE.
City-State-Zip: NEW BERLIN WI 53151

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES NATALIZIO

CFO

02/18/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date