

**2013 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:**

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

**FEI Number:** 27-5095730

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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 MGR  
Name HNI, INC.  
Address 16805 W. CLEVELAND AVENUE  
City-State-Zip: NEW BERLIN WI 53151

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

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

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

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

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES NATALIZIO

**CFO**

**02/26/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date