

2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007229

Entity Name: SCHOOL LEADERS RISK MANAGEMENT ASSOCIATION
INCORPORATED**FILED**
Apr 10, 2023
Secretary of State
6457547072CC**Current Principal Place of Business:**333 W. WACKER DRIVE
SUITE 1200
CHICAGO, IL 60606**Current Mailing Address:**333 W. WACKER DRIVE
SUITE 1200
CHICAGO, IL 60606 US**FEI Number: 73-1692030****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**A1A REGISTERED AGENT INC.
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 33411-0000 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**Officer/Director Detail :**

Title	ASST. SECRETARY
Name	WOODARD, JAMES K
Address	333 W. WACKER DRIVE, STE 1200
City-State-Zip:	CHICAGO IL 60606

Title	CHAIRMAN
Name	JOHN, SPATZ
Address	1311 STOCKWELL
City-State-Zip:	LINCOLN NE 68502

Title	VC
Name	POGANY, WADE
Address	306 E CAPITAL AVE
City-State-Zip:	PIERRE SD 57501

Title	SECRETARY
Name	BERTRAND, THOMAS
Address	2921 BAKER DRIVE
City-State-Zip:	SPRINGFIELD IL 62703

Title	DIRECTOR
Name	MESSINA, ANDREA
Address	203 SOUTH MONROE STREET
City-State-Zip:	TALLAHASSEE FL 32301

Title	DIRECTOR
Name	JORDAN, BRIAN
Address	1420 SW ARROWHEAD ROAD
City-State-Zip:	TOPEKA KS 66604

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 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES K WOODARD**ASST. SECRETARY****04/10/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date