

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000004612

**FILED**  
**Apr 11, 2013**  
**Secretary of State**  
**CC6715537558**

**Entity Name:** NORTHSTAR RISK MANAGEMENT & INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

1777 BOTELHO DR.  
STE 360  
WALNUT CREEK, CA 94596

**Current Mailing Address:**

1777 BOTELHO DR.  
STE 360  
WALNUT CREEK, CA 94596

**FEI Number: 68-0307094**

**Certificate of Status Desired: No**

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

NRAI SERVICES, INC.  
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

**Officer/Director Detail :**

Title CHRM  
Name BATES, CHARLES W  
Address 1777 BOTELHO DR. STE 360  
City-State-Zip: WALNUT CREEK CA 94596

Title S  
Name BATES, CHARLES W  
Address 1777 BOTELHO DR. STE 360  
City-State-Zip: WALNUT CREEK CA 94596

Title VP  
Name THORNDIKE, CHRISTOPHER J  
Address 1777 BOTELHO DR. STE 360  
City-State-Zip: WALNUT CREEK CA 94596

Title VP  
Name MARTIN, MICHAEL P  
Address 1777 BOTELHO DR. STE 360  
City-State-Zip: WALNUT CREEK CA 94596

Title VP  
Name DIAS, GEORGE E  
Address 1777 BOTELHO DR. STE 360  
City-State-Zip: WALNUT CREEK CA 94596

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

**SIGNATURE: GEORGE E DIAS**

**VICE PRESIDENT**

**04/11/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date