

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000002937

Entity Name: RISK MANAGEMENT CLAIM SERVICES, INC.

Current Principal Place of Business:

13410 SUTTON PARK DRIVE SOUTH
JACKSONVILLE, FL 32224

Current Mailing Address:

13410 SUTTON PARK DRIVE SOUTH
JACKSONVILLE, FL 32224 US

FEI Number: 52-1529084

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
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

Officer/Director Detail :

Title P
Name GATTONI, JAMES B
Address 13410 SUTTON PARK DRIVE SOUTH
City-State-Zip: JACKSONVILLE FL 32224

Title S
Name KNELLER, MICHAEL K
Address 13410 SUTTON PARK DRIVE SOUTH
City-State-Zip: JACKSONVILLE FL 32224

Title D
Name GATTONI, JAMES B
Address 13410 SUTTON PARK DRIVE SOUTH
City-State-Zip: JACKSONVILLE FL 32224

Title V
Name MURPHY, PATRICK J
Address 13410 SUTTON PARK DRIVE SOUTH
City-State-Zip: JACKSONVILLE FL 32224

Title T
Name STOUT, L KEVIN
Address 13410 SUTTON PARK DRIVE SOUTH
City-State-Zip: JACKSONVILLE FL 32224

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: PATRICK J. MURPHY

VICE PRESIDENT

04/28/2015

Electronic Signature of Signing Officer/Director Detail

Date