

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 616873

1. Entity Name
FLORIDA RISK SPECIALISTS, INC.



Principal Place of Business
100 NORTH TAMPA ST
SUITE 1840
TAMPA, FL 33602 US

Mailing Address
70 PINE STREET
ATTN E M TUCK
NEW YORK, NY 10270 US

FILED

04 APR 29 AM 10:21
T06034740567

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04262004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-1910246

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	TUCK, ELIZABETH M.
STREET ADDRESS	70 PINE ST
CITY - ST - ZIP	NEW YORK, NY
TITLE	T
NAME	BENSINGER, STEVEN J
STREET ADDRESS	70 PINE STREET
CITY - ST - ZIP	NEW YORK, NY 10270
TITLE	D
NAME	KELLEY, KEVIN H
STREET ADDRESS	200 STATE ST.
CITY - ST - ZIP	NEW YORK, NY 10270
TITLE	PD
NAME	KELLY, SHAUN
STREET ADDRESS	200 STATE STREET
CITY - ST - ZIP	BOSTON, MA 02105
TITLE	VSG
NAME	RIVLIN, RACHEL
STREET ADDRESS	200 STATE ST.
CITY - ST - ZIP	BOSTON, MA
TITLE	S
NAME	ANSELMO, NICHOLAS
STREET ADDRESS	200 STATE STREET
CITY - ST - ZIP	BOSTON, MA

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 26, 2004 (212) 770-7000



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 598287 4320171

AUTHORIZATION : *Patricia Pizot*

COST LIMIT : \$ 150.00

ORDER DATE : April 28, 2004

ORDER TIME : 10:16 AM

ORDER NO. : 598287-145

CUSTOMER NO: 4320171

CUSTOMER: Bernadette Colon
American International Group,
30th Floor, 70 Pine Street
- Corporate
New York, NY 10270

ANNUAL REPORT FILING

NAME: FLORIDA RISK SPECIALISTS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: _____

RECEIVED
04 APR 29 PM 1:09
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA