


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 616873 1. Entity Name FLORIDA RISK SPECIALISTS, INC.						FILED APR 29 AM 10:31 STATE TALLAHASSEE, FLORIDA	
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			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TUCK, ELIZABETH M. 70 PINE ST NEW YORK, NY <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BENSINGER, STEVEN J 70 PINE STREET NEW YORK, NY 10270 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	200053041082 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KELLEY, KEVIN H 200 STATE ST. NEW YORK, NY 10270 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Kelley, Kevin H. 100 Summer Street Boston, MA 02110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KELLY, SHAUN 200 STATE STREET BOSTON, MA 02105 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Kelly, Shaun 100 Summer Street Boston, MA 02110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSG RIVLIN, RACHEL 200 STATE ST. BOSTON, MA <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Eastwood, Peter J. 100 Summer Street Boston, MA 02110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ANSELMO, NICHOLAS 200 STATE STREET BOSTON, MA <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP Anselmo, Nicholas 100 Summer Street Boston, MA 02110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Elizabeth M. Tuck</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 4/26/05 Daytime Phone #: (262) 770-7088			

T. Roberts MAY 02 2005



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 343551 4320171

AUTHORIZATION : *Patricia Pizut*

COST LIMIT : \$ 150.00

ORDER DATE : April 28, 2005

ORDER TIME : 10:40 AM

ORDER NO. : 343551-125

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.

RECEIVED
05 APR 29 PM 1:07
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 2956

EXAMINER'S INITIALS: _____