# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # 616873

1. Entity Name
FLORIDA RISK SPECIALISTS,INC.

FILED
07 APR 26 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 100 NORTH TAMPA ST<br>SUITE 1840<br>TAMPA, FL 33602 US | 70 PINE STREET<br>ATTN E M TUCK<br>NEW YORK, NY 10270 US |

04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be $550.00**

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

See attached

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 | 100 SUMMER ST |
| CITY-ST-ZIP | BOSTON, MA 02110 |
| TITLE | CEOD |
| NAME | KELLY, SHAUN |
| STREET ADDRESS | 100 SUMMER STREET |
| CITY-ST-ZIP | BOSTON, MA 02110 |
| TITLE | PD |
| NAME | EASTWOOD, PETER J |
| STREET ADDRESS | 100 SUMMER ST |
| CITY-ST-ZIP | BOSTON, MA 02110 |
| TITLE | EVP |
| NAME | ANSELMO, NICHOLAS |
| STREET ADDRESS | 100 SUMMER STREET |
| CITY-ST-ZIP | BOSTON, MA 02110 |

100098909051

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Elizabeth M Tuck — 4/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Elizabeth M Tuck

# Directors / Officers Report Address for all. Same as principal address As of 4/25/2007

## Florida Risk Specialists, Inc.

### Directors

| | | Effective |
|---|---|---|
| Kevin Hugh Kelley | Director | 3/27/1987 |
| Shaun Everett Kelly | Director | 7/12/1999 |
| Matthew F. Power | Director | 6/1/2006 |

### Officers

| | | Effective |
|---|---|---|
| Matthew F. Power | President | 6/1/2006 |
| Shaun Everett Kelly | Chief Executive Officer | 5/18/2004 |
| Nicholas Edward Anselmo | Executive Vice President | 5/18/2004 |
| Stephen Joel Paris | Senior Vice President | 5/18/2004 |
| Armand George Pepin | Senior Vice President | 5/18/2004 |
| Bradley D. Cox | Vice President | 5/18/2004 |
| Steven M. Mills | Vice President | 1/3/2006 |
| Stephen Joel Paris | General Counsel | 5/18/2004 |
| Elizabeth Margaret Tuck | Secretary | 5/9/1989 |
| Stephen John Andrick | Assistant Secretary | 1/3/2006 |
| Amy Marie Cinquegrana | Assistant Secretary | 5/18/2004 |
| John Mathew Artesani | Treasurer | 6/1/2006 |
| John Mathew Artesani | Comptroller | 5/18/2004 |

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CORPORATION SERVICE COMPANY

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ACCOUNT NO. : 072100000032

REFERENCE : 869012 4320171

AUTHORIZATION :

COST LIMIT : $ 150.00

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ORDER DATE : April 25, 2007

ORDER TIME : 1:06 PM

ORDER NO. : 869012-060

CUSTOMER NO: 4320171

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ANNUAL REPORT FILING

NAME: FLORIDA RISK SPECIALIST, INC.
FL 2007

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 APR 26 PM 4:24

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

TO ACKNOWLEDGE SUFFICIENCY OF FILING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: