

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 APR 22 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT #616873</b> 1. Entity Name <b>FLORIDA RISK SPECIALISTS, INC.</b>					
Principal Place of Business <b>100 NORTH TAMPA ST SUITE 1840 TAMPA, FL 33602 US</b>			Mailing Address <b>70 PINE STREET ATTN E M TUCK NEW YORK, NY 10270 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1910246</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE, FL 32301</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD POWER, MATTHEW F 100 NORTH TAMPA ST TAMPA, FL 33602</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>700125127227</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOD KELLY, SHAUN E 100 NORTH TAMPA ST TAMPA, FL 33602</b> <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	<b>EVP ANSELMO, NICHOLAS E 100 NORTH TAMPA ST TAMPA, FL 33602</b> <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	<b>SVP PARIS, STEPHEN J 100 NORTH TAMPA ST TAMPA, FL 33602</b> <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	<b>SVP PEPIN, ARMAND G 100 NORTH TAMPA ST TAMPA, FL 33602</b> <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	<b>S TUCK, ELIZABETH M 100 NORTH TAMPA ST TAMPA, FL 33602</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE: Elizabeth M. Tuck Secretary</b> <i>Elizabeth M. Tuck</i> <b>4/5/08</b> <b>212-770-7000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

## Directors/Officers Report

As of April 03, 2008

### Florida Risk Specialists, Inc.

#### Directors

##### **Kevin Hugh Kelley**

*Director*

Primary Address

Lexington Insurance Company  
100 Summer Street  
Boston, Massachusetts 02110 (United States)

##### **Shaun Everett Kelly**

*Director*

Primary Address

Lexington Insurance Company  
100 Summer Street  
Boston, Massachusetts 02110 (United States)

##### **Matthew F. Power**

*Director*

Primary Address

Lexington Insurance Company  
100 Summer Street  
Boston, Massachusetts 02110 (United States)

#### Officers

##### **Matthew F. Power**

*President*

Primary Address

Lexington Insurance Company  
100 Summer Street  
Boston, Massachusetts 02110 (United States)

## Directors/Officers Report

As of April 03, 2008

### Florida Risk Specialists, Inc.

#### Shaun Everett Kelly

##### *Chief Executive Officer*

###### Primary Address

Lexington Insurance Company  
100 Summer Street  
Boston, Massachusetts 02110 (United States)

#### David Andrew Jordan

##### *Chief Operating Officer*

###### Primary Address

Lexington Insurance Company  
100 Summer Street  
Boston, Massachusetts 02110 (United States)

#### Nicholas Edward Anselmo

##### *Executive Vice President*

###### Primary Address

Lexington Insurance Company  
100 Summer Street  
Boston, Massachusetts 02110 (United States)

#### David Andrew Jordan

##### *Senior Vice President*

###### Primary Address

Lexington Insurance Company  
100 Summer Street  
Boston, Massachusetts 02110 (United States)

#### Stephen Joel Paris

##### *Senior Vice President*

###### Primary Address

## Directors/Officers Report

As of April 03, 2008

### Florida Risk Specialists, Inc.

Lexington Insurance Company  
100 Summer Street  
Boston, Massachusetts 02110 (United States)

#### Armand George Pepin

*Senior Vice President*

Primary Address

Connell Corporate Center 1  
Connell Drive  
Suite 2100  
Berkeley Heights, New Jersey 07922 (United States)

#### Bradley D. Cox

*Vice President*

#### Steven M. Mills

*Vice President*

Primary Address

Florida Risk Specialists, Inc.  
100 North Tampa Street  
Tampa, Florida 33602 (United States)

#### Stephen Joel Paris

*General Counsel*

Primary Address

Lexington Insurance Company  
100 Summer Street  
Boston, Massachusetts 02110 (United States)

## Directors/Officers Report

As of April 03, 2008

### Florida Risk Specialists, Inc.

**Elizabeth Margaret Tuck**

***Secretary***

Primary Address

American International Group, Inc.  
70 Pine Street  
New York, New York 10270 (United States)

**Stephen John Andrick**

***Assistant Secretary***

Primary Address

Lexington Insurance Company  
100 Summer Street  
Boston, Massachusetts 02110 (United States)

**Amy Marie Cinquegrana**

***Assistant Secretary***

Primary Address

American International Group, Inc.  
70 Pine Street  
New York, New York 10270 (United States)

**John Mathew Artesani**

***Treasurer***

Primary Address

Lexington Insurance Company  
100 Summer Street  
Boston, Massachusetts 02110 (United States)

***Comptroller***

Primary Address

Lexington Insurance Company  
100 Summer Street  
Boston, Massachusetts 02110 (United States)



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 536263 4320171

AUTHORIZATION :

*[Handwritten signature]*

COST LIMIT : \$ 150.00

ORDER DATE : April 20, 2008

ORDER TIME : 10:17 AM

ORDER NO. : 536263-150

CUSTOMER NO: 4320171

ANNUAL REPORT FILING

NAME: FLORIDA RISK SPECIALISTS, INC.  
FL 2008 AR

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY  
           CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young - Ext. 2962

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
09 APR 22 PM 2:48  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA