2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# F02000004048

Entity Name: AFFILIATED RISK MANAGEMENT, INC.

Current Principal Place of Business:

5260 PARKWAY PLAZA BLVD STE. 140
CHARLOTTE, NC 28217 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 241448
CHARLOTTE, NC 28224 US

New Mailing Address:

FEI Number: 04-3663748 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALEMAN, GIL E
Address: PO BOX 241448
City-St-Zip: CHARLOTTE, NC 28224 US

Title: VP ( ) Delete
Name: WILSON, MICHAEL W
Address: 5260 PARKWAY PLAZA BLVD STE. 140
City-St-Zip: CHARLOTTE, NC 28217 US

Title: S ( ) Delete
Name: WILLSON, MICHAEL W
Address: PO BOX 241448
City-St-Zip: CHARLOTTE, NC 282241448 US

Title: AS ( ) Delete
Name: HARKNESS, WARD E
Address: PO BOX 241448
City-St-Zip: CHARLOTTE, NC 282241448 US

Title: DCEO ( ) Delete
Name: GUIDACE, CARL W JR
Address: PO BOX 241448
City-St-Zip: CHARLOTTE, NC 282241448 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DCEO (X) Change ( ) Addition
Name: GUIDICE, CARL W JR
Address: PO BOX 241448
City-St-Zip: CHARLOTTE, NC 282241448 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WARD E HARKNESS AS 04/19/2007
Electronic Signature of Signing Officer or Director Date