

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004048

FILED
Apr 17, 2012
Secretary of State

Entity Name: AFFILIATED RISK MANAGEMENT, INC.

Current Principal Place of Business:

3023 HSBC WAY
SUITE 100
FORT MILL, SC 29707 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 241448
CHARLOTTE, NC 28224 US

New Mailing Address:

PO BOX 241448
CHARLOTTE, NC 282241448 US

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

OFFICERS AND DIRECTORS:

Title: P
Name: DECKELMAN, FREDERICK A
Address: PO BOX 241448
City-St-Zip: CHARLOTTE, NC 282241448 US

Title: VP
Name: WILLSON, MICHAEL W
Address: PO BOX 241448
City-St-Zip: CHARLOTTE, NC 282241448 US

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

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

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL W WILLSON

S

04/17/2012

Electronic Signature of Signing Officer or Director

Date