

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90104 029 \*\*\*150.00

<b>DOCUMENT # F04000000027</b> 1. Entity Name <b>WRIGHT RISK MANAGMENT COMPANY, INC.</b>					
Principal Place of Business <b>333 EARLE OVINGTON BLVD</b> <b>UNIONDALE, NY 11553</b>			Mailing Address <b>333 EARLE OVINGTON BLVD</b> <b>UNIONDALE, NY 11553</b>		
2. Principal Place of Business <b>333 EARLE OVINGTON BLVD.,</b> Suite, Apt. #, etc. <b>SUITE # 505</b>		3. Mailing Address <b>333 EARLE OVINGTON BLVD.,</b> Suite, Apt. #, etc. <b>SUITE # 505</b>		<b>20002322</b> 	
City & State <b>UNIONDALE, NY</b>		City & State <b>UNIONDALE, NY</b>		4. FEI Number <b>11-2438194</b>	
Zip <b>11553-3624</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT</b> <b>CONLEY, CHRISTINE</b> <b>333 EARLE OVINGTON BLVD</b> <b>UNIONDALE, NY 11553</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>O'BRIEN, PATRICIA W</b> <b>333 EARLE OVINGTON BLVD</b> <b>UNIONDALE, NY 11553</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ELICKS, GERARD P</b> <b>333 EARLE OVINGTON BLVD</b> <b>UNIONDALE, NY 11553</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FALCONE, RONALD</b> <b>333 EARLE OVINGTON BLVD</b> <b>UNIONDALE, NY 11553</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BAMBINO, ROBERT</b> <b>333 EARLE OVINGTON BLVD</b> <b>UNIONDALE, NY 11553</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED	<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 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: CHRISTINE CONLEY</b>			<b>01/17/06</b> <b>516-750-9402</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

# ATTACHMENT

20002322

FFC04000000027

OFFDIRSH

**WRIGHT RISK MANAGEMENT COMPANY, INC.**  
333 EARLE OVINGTON BLVD., SUITE 505, UNIONDALE, NY 11553-3624

## QUESTION 10 AND 11 2006 FOR PROFIT CORPORATION ANNUAL REPORT FLORIDA

ODSH10/12/05

NAME/BUSINESS ADDRESS	TITLE OF OFFICER	DIRECTOR
<b>Fishlinger, William J.</b> C/O WRIGHT RISK MANAGEMENT COMPANY, INC. 333 EARLE OVINGTON BLVD., SUITE 505 UNIONDALE, NY 11553-3624	C & CEO	YES
<b>Fishlinger, Joan</b> C/O WRIGHT RISK MANAGEMENT COMPANY, INC. 333 EARLE OVINGTON BLVD., SUITE 505 UNIONDALE, NY 11553-3624	VP/DIRECTOR OF SYSTEMS SECRETARY	YES
<b>Elicks, Gerard P.</b> C/O WRIGHT RISK MANAGEMENT COMPANY, INC. 333 EARLE OVINGTON BLVD., SUITE 505 UNIONDALE, NY 11553-3624	PRESIDENT	YES
<b>Conley, Christine</b> C/O WRIGHT RISK MANAGEMENT COMPANY, INC. 333 EARLE OVINGTON BLVD., SUITE 505 UNIONDALE, NY 11553-3624	VP & TREASURER ASST SEC	YES
<b>O'Brien, Patricia W. Congdon</b> C/O WRIGHT RISK MANAGEMENT COMPANY, INC. 333 EARLE OVINGTON BLVD., SUITE 505 UNIONDALE, NY 11553-3624	ASST SECRETARY	YES
<b>Falcone, Ronald</b> C/O WRIGHT RISK MANAGEMENT COMPANY, INC. 333 EARLE OVINGTON BLVD., SUITE 505 UNIONDALE, NY 11553-3624	VP	NO
<b>Bambino, Robert</b> C/O WRIGHT RISK MANAGEMENT COMPANY, INC. 333 EARLE OVINGTON BLVD., SUITE 505 UNIONDALE, NY 11553-3624	VP	NO
<b>Murdock, Michael T.</b> C/O WRIGHT RISK MANAGEMENT COMPANY, INC. 333 EARLE OVINGTON BLVD., SUITE 505 UNIONDALE, NY 11553-3624	VP	NO
<b>Flaherty, John</b> C/O WRIGHT RISK MANAGEMENT COMPANY, INC. 333 EARLE OVINGTON BLVD., SUITE 505 UNIONDALE, NY 11553-3624	NO	YES

FLAR