2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2011
Secretary of State

DOCUMENT# F04000000181

Entity Name: SPECIALTY RISK ASSOCIATES, INC.

Current Principal Place of Business:

7600 FERN AVE, BLDG 600
SHREVEPORT, LA 71105

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 53049
SHREVEPORT, LA 71135 30

New Mailing Address:

P.O. BOX 53049
SHREVEPORT, LA 71135

FEI Number: 72-1021557 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DP
Name: WOOD, JOHN F III
Address: 7600 FERN AVE, BLDG 600
City-St-Zip: SHREVEPORT, LA 71105

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: JOHN F WOOD III DP 03/08/2011

Electronic Signature of Signing Officer or Director Date