

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002887

FILED
Apr 26, 2007
Secretary of State

Entity Name: AMERISAFE RISK SERVICES, INC.

Current Principal Place of Business:

2301 HWY. 190 WEST
DERIDDER, LA 70634

New Principal Place of Business:

Current Mailing Address:

2301 HWY. 190 WEST
DERIDDER, LA 70634

New Mailing Address:

FEI Number: 72-1274075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUFFY, BRIAN S
101 N. MONROE ST.
MONROE PARK TOWER, STE. 900
TALLAHASSEE, FL 32301 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: EVPC () Delete
Name: BANTA, GEOFFREY R
Address: 2301 HWY 190 W
City-St-Zip: DERIDDER, LA 70634

Title: D () Delete
Name: LEACH, CRAIG P
Address: 2301 HWY. 190 WEST
City-St-Zip: DERIDDER, LA 70634

Title: EVPS () Delete
Name: HUNT, ARTHUR L
Address: 2301 HWY. 190 WEST
City-St-Zip: DERIDDER, LA 70634

Title: PCEO () Delete
Name: BRADLEY, C. ALLEN JR.
Address: 2301 HWY. 190 WEST
City-St-Zip: DERIDDER, LA 70634

Title: VP () Delete
Name: CHURCHILL, PAUL
Address: 2301 HWY. 190 WEST
City-St-Zip: DERIDDER, LA 70634

Title: SRVP () Delete
Name: LESTAGE, CHRIS
Address: 2301 HIGHWAY 190 WEST
City-St-Zip: DERIDDER, LA 70634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: EVPS (X) Change () Addition
Name: WALKER, TODD R
Address: 2301 HWY. 190 WEST
City-St-Zip: DERIDDER, LA 70634

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

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

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

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: G.JANELLE FROST

VCON

04/26/2007

Electronic Signature of Signing Officer or Director

Date