FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H52685 (5)

1. Corporation Name
BANKERS RISK MANAGEMENT SERVICES, INC.

Principal Place of Business
BOX 15707
10051 FIFTH ST. NORTH
ST PETERSBURG FL 33733
US

Mailing Address
BOX 15707
10051 FIFTH ST. NORTH
ST PETERSBURG FL 33733
US

3. Date Incorporated or Qualified: 04/17/1985
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-2711120 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**
DELANO, G. KRISTIN
360 CENTRAL AVE
ST PETERSBURG FL 33701

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature typed or printed name of registered agent, if applicable) (NOTE: Registered Agent signature required when name change) DATE:

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	MEEHAN, DAVID K.	
STREET ADDRESS	360 CENTRAL AVE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DT	☐ DELETE
NAME	HUSSEMANN, EDWIN C.	
STREET ADDRESS	360 CENTRAL AVE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DS	☐ DELETE
NAME	DELANO, G. KRISTIN	
STREET ADDRESS	360 CENTRAL AVE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	V	☒ DELETE
NAME	BOUSMAN, CLAIRE N	
STREET ADDRESS	360 CENTRAL AVE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	V	☒ DELETE
NAME	MAXWELL, HERBERT D	
STREET ADDRESS	360 CENTRAL AVE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DC	☐ DELETE
NAME	MENKE, ROBERT M	
STREET ADDRESS	360 CENTRAL AVE	
CITY-ST-ZIP	ST PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	☐ Change ☒ Addition
1.2 NAME	CAROW, JAMES A.	
1.3 STREET ADDRESS	360 Central Ave.	
1.4 CITY-ST-ZIP	St. Petersburg, FL	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	000001798110	☐ Change ☐ Addition
4.2 NAME	-04/29/96--01032--011	
4.3 STREET ADDRESS	***7800.00	
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ February 29, 1996 (813) 823-4000 ext.4416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
G. Kristin Delano, Secretary