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Mar 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/17/1985	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2711120	
24 Country		30 Country		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 owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DELANO, G. KRISTIN				81 Name	
360 CENTRAL AVE				82 Street Address (P.O. Box Number is Not Acceptable)	
ST PETERSBURG FL 33701				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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DE	1.1 TITLE	D
NAME	MEEHAN, DAVID K.	1.2 NAME	
STREET ADDRESS	360 CENTRAL AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	DT	2.1 TITLE	EVP
NAME	HUSSEMAN, EDWIN C.	2.2 NAME	SCHMIDT, DALE F.
STREET ADDRESS	360 CENTRAL AVE	2.3 STREET ADDRESS	360 Central Ave.
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	St. Petersburg, FL
TITLE	DS	3.1 TITLE	SVP
NAME	DELANO, G. KRISTIN	3.2 NAME	MORISCO, NICHOLAS F.
STREET ADDRESS	360 CENTRAL AVE	3.3 STREET ADDRESS	360 Central Ave.
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg, FL
TITLE	DEVP	4.1 TITLE	V
NAME	MENKE, ROBERT G	4.2 NAME	HOWARD, VICKIE W.
STREET ADDRESS	360 CENTRAL AVE	4.3 STREET ADDRESS	360 Central Ave.
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	St. Petersburg, FL
TITLE	DC	5.1 TITLE	
NAME	MENKE, ROBERT M	5.2 NAME	
STREET ADDRESS	360 CENTRAL AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	VCFO	6.1 TITLE	
NAME	KING, KELLY K	6.2 NAME	
STREET ADDRESS	360 CENTRAL AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

1/30/98

813 823-4000 x 4416

CR2E034 (10/97)