


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Mar 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>04/17/1985</b>
21	26	4. FEI Number <b>59-2711120</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
23	28	
Zip	Zip	
24	29	30

9. Name and Address of Current Registered Agent <b>DELANO, G. KRISTIN</b> <b>360 CENTRAL AVE</b> <b>ST PETERSBURG FL 33701</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>DP</del> <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	2.1 TITLE	EVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	3.1 TITLE	SVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	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.

CFR2E034 (10/97)