2001 UNIFORM BUSINESS REPORT (UBR)

			•	<u>-</u>		
DOCUMENT # H52685						
BANKERS RISK MANAGEMENT SERVICES, INC.					FILED	
Principal Place of Business Mailing Address 360 Central Ave. 360 Central Av					01 APR 30 PM 5:51	
	tersburg, FL 33701	360 Central Ave. St. Petersburg, FL 33701		1	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			FEI Number Applied For S9-2711120 Not Applicable	
Zip	Country	Zip	Country		Certificate of Status Desired Sa.75 Additional Fee Required	
	6. Name and Address of Current F	l Registered Agent		7.	Name and Address of New Registered Agent	
		J	Name			
DELANO, G. KRISTIN 360 Central Ave. St. Petersburg, FL 33701			Street Add	Street Address (P.O. Box Number is Not Acceptable)		
St. Pet	tersburg, FL 33701		0.7		Zip Code	
			City		FL Zip Code	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NO After MAY 1,			II FEE IS \$150.00 01 Fee will be \$55	Fee will be \$550.00 Trust Fund Contribution. Added to Fees		
11.	OFFICERS AND (DIRECTORS	12.	Al	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C - P Menke, Robert M. 360 Central Ave. St. Petersburg, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		200004212522	
TITLE NAME STREET ADDRESS	D - EVP Menke, Robert G. 360 Central Ave.	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	
CITY-ST-ZIP		_33701	CITY-ST-ZIP		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	Meehan, David K. 360 Central Ave. St. Petersburg, FL		NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>	
TITLE NAME STREET ADDRESS	D - T Hussemann, Edwin C. 360 Central Ave.	☐ Delete	TITLE NAME . STREET ADDRESS		☐ Change ☐ Addition	
CITY-ST-ZIP TITLE NAME	St. Petersburg, FL D - S Delano, G. Kristin	33701 Delete	CITY-ST-ZIP TITLE NAME		Change Addition	
STREET ADDRESS CITY-ST-ZIP	360 Central Ave. St. Petersburg, FL		STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fischer, Russell A. 360 Central Ave.	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			
13. I hereby of indicated of the cor	on this report or supplemental report is	this filing does not qualify for true and accurate and that m wered to execute this report a	the exemption state	e the same	n 119.07(3)(i), Fiorida Statutes. I further certify that the information a legal effect as if made under oath; that I am an officer or director rida Statutes; and that my name appears in Block 11 or Block 12 if	

SIGNATURE:

EIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Kristin Delano 4/23/2001 (727) 823-4000

Date

Daytime Phone #