

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M90742

FILED
Jan 05, 2011
Secretary of State

Entity Name: RISK MANAGEMENT INSURANCE, INC.

Current Principal Place of Business:

28 BARKLEY CIRCLE
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6187
FORT MYERS, FL 339116187

New Mailing Address:

FEI Number: 65-0062445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERRY, ROBERT L.
28 BARKLEY CIRCLE
FORT MYERS, FL 33907 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

OFFICERS AND DIRECTORS:

Title: D
Name: GERRY, ROBERT L.
Address: 28 BARKLEY CIRCLE
City-St-Zip: FORT MYERS, FL 33907

Title: O
Name: RAUSCH, EARL
Address: 28 BARKLEY CIRCLE
City-St-Zip: FORT MYERS, FL 33907

Title: O
Name: BROOKE, JONATHAN
Address: 28 BARKLEY CIRCLE
City-St-Zip: FORT MYERS, FL 33907

I hereby 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 all other like empowered.

SIGNATURE: ROBERT L. GERRY

D

01/05/2011

Electronic Signature of Signing Officer or Director

Date