2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000100686

FILED Apr 01, 2009 Secretary of State

Entity Name: PUBLIC RISK UNDERWRITERS, INC.						
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
615 CRESCENT EXECUTIVE CT., SUITE 600 LAKE MARY, FL 32746			SUITE 600	615 CRESCENT EXECUTIVE COURT SUITE 600 LAKE MARY, FL 32746		
Current Mailing Address:			New Maili	New Mailing Address:		
615 CRESCENT EXECUTIVE CT., SUITE 600 LAKE MARY, FL 32746			3101 W. DR. MARTIN LUTHER KING JR. BLVD. SUITE 400 TAMPA, FL 33607			
FEI Number: 26-0893235 FEI Number Applied For ()			FEI Number Not App	Number Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1201 HAYS TALLAHAS The above	S STREET SSEE, FL 323 named entity e of Florida.		urpose of changing	its registered	d office or registered agent, or both,	
01014/1101		nic Signature of Registered Age	nt		Date	
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BROWN, J. PC	VOOD AVENUE	Title: Name: Address: City-St-Zip:	DP BOONE, JR. 5728 MAJOI ORLANDO, I	R BLVD., SUITE 450	
Title: Name: Address: City-St-Zip:	FAILLA, JOSEF	VOOD AVENUE	Title: Name: Address: City-St-Zip:		(X) Change () Addition , JOSEPH S SEWOOD AVENUE SEACH, FL 32114	
Title: Name: Address: City-St-Zip:	GRAMMIG, LA	R BLVD STE 400	Title: Name: Address: City-St-Zip:	VS GRAMMIG, I 3101 W. DR TAMPA, FL	. MARTIN LUTHER KING, SUITE 400	
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:		() Change (X) Addition JR., THOMAS M t. MARTIN LUTHER KING, SUITE 400 33607	
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:		() Change (X) Addition ORY T SEWOOD AVENUE SEACH, FL 32114	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LAUREL L. GRAMMIG VS 04/01/2009