

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

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P15153 (0)
 1. Corporation Name
RISK MANAGEMENT CLAIM SERVICES, INC.



Principal Place of Business 1850 LANTAFF BLVD P.O. BOX MADISONVILLE KY 42431 US	Mailing Address P.O. BOX 898 SHELTON CT 06484 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/10/1987	
21	Suite, Apt #, etc.	26	c/o Corporate Tax Dept.	4. FEI Number 52-1529084	Applied For Not Applicable
22	City & State	27	PO Box 19135	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Jacksonville, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	32245	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	
		30	USA		

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
					85 Zip Code
					FL

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	VD	<input type="checkbox"/> DELETE	1.1 TITLE	VP / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAROSE, ROBERT C.		1.2 NAME	Robert C. LaRose	
STREET ADDRESS	1000 BRIDGEPORT AVE		1.3 STREET ADDRESS	4160 Woodcock Drive	
CITY-ST-ZIP	SHELTON CT		1.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	VAD	<input type="checkbox"/> DELETE	2.1 TITLE	VP & Asst. Treasurer/ Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERKENS, HENRY		2.2 NAME	Henry H. Gerkens	
STREET ADDRESS	1000 BRIDGEPORT AVE		2.3 STREET ADDRESS	4160 Woodcock Drive	
CITY-ST-ZIP	SHELTON CT		2.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE	President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWE, JEFFREY C.		3.2 NAME	Jeffrey C. Crowe	
STREET ADDRESS	1000 BRIDGEPORT AVE		3.3 STREET ADDRESS	4160 Woodcock Drive	
CITY-ST-ZIP	SHELTON FL		3.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	VTAS	<input type="checkbox"/> DELETE	4.1 TITLE	VP/Treasurer/Asst Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWEN, DENNIS P.		4.2 NAME	Dennis P. Owen	
STREET ADDRESS	1850 LANTAFF BLVD.		4.3 STREET ADDRESS	1850 Lantaff Blvd.	
CITY-ST-ZIP	MADISONVILLE KY		4.4 CITY-ST-ZIP	Madisonville, KY 42431	
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, MICHAEL L		5.2 NAME	Michael L. Harvey	
STREET ADDRESS	1000 BRIDGEPORT AVE		5.3 STREET ADDRESS	4160 Woodcock Drive	
CITY-ST-ZIP	SHELTON CT		5.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 if an attachment with an address.

SIGNATURE: _____ **Robert C. LaRose (904) 390-1234**

CR2E034 (10/97)