


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90002 020 ***150.00

DOCUMENT # P15153

1. Entity Name
RISK MANAGEMENT CLAIM SERVICES, INC.



Principal Place of Business: **13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE, FL 32224 US**

Mailing Address: **C/O CORPORATE TAX DEPT P.O. BOX 19135 JACKSONVILLE, FL 32245 US**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country

40044303



03202006 Chg-P CR2E034 (11/05)

4. FEI Number: **52-1529084** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: VDS	<input type="checkbox"/> Delete
NAME: LAROSE, ROBERT C.	
STREET ADDRESS: 13410 SUTTON PARK DR S	
CITY-ST-ZIP: JACKSONVILLE, FL 32224	
TITLE: CPD	<input type="checkbox"/> Delete
NAME: GERKENS, HENRY H	
STREET ADDRESS: 13410 SUTTON PARK DR S	
CITY-ST-ZIP: JACKSONVILLE, FL 32224	
TITLE: DVTS	<input checked="" type="checkbox"/> Delete
NAME: OWEN, DENNIS P.	
STREET ADDRESS: 13410 SUTTON PARK DRIVE SOUTH	
CITY-ST-ZIP: JACKSONVILLE, FL 32224	
TITLE: V	<input type="checkbox"/> Delete
NAME: BURNS, BILL	
STREET ADDRESS: 13410 SUTTON PARK DR S	
CITY-ST-ZIP: JACKSONVILLE, FL 32224	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D/V/T/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ROBERT C. LAROSE	
STREET ADDRESS: 13410 SUTTON PARK DR S; JAX, FL 32224	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: MICHAEL KNELLER	
STREET ADDRESS: 13410 SUTTON PARK DR S; JAX, FL 32224	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE: Robert C. Larose **ROBERT C. LAROSE** 3/31/06 **3/31/06** 904-398-9400 **904-398-9400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

ATTACHMENT 40044564

Risk Management Claim Services, Inc.
EIN # 52-1529084

Directors

Henry H. Gerkens

(Chairman)

#P15153

Address: 13410 Sutton Park Drive, South
Jacksonville, FL 32224

Robert C. LaRose

Address: 13410 Sutton Park Drive, South
Jacksonville, FL 32224

ATTACHMENT 40044564

Risk Management Claim Services, Inc.
EIN # 52-1529084

Officers

Henry H. Gerkens **President**
Address: 13410 Sutton Park Drive, South
 Jacksonville, FL 32224

#P15153

Robert C. LaRose **Vice President, Treasurer, and
Assistant Secretary**
Address: 13410 Sutton Park Drive, South
 Jacksonville, FL 32224

Michael K. Kneller **Vice President, General Counsel and
Secretary**
Address: 13410 Sutton Park Drive, South
 Jacksonville, FL 32224

James B. Gattoni **Vice President and Assistant Treasurer**
Address: 13410 Sutton Park Drive, South
 Jacksonville, FL 32224

William C. Burns **Vice President - Automobile
Liability Claims**
Address: 13410 Sutton Park Drive, South
 Jacksonville, FL 32224