


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-06-2006 90002 020 \*\*\*150.00

<b>DOCUMENT # P15153</b> 1. Entity Name <b>RISK MANAGEMENT CLAIM SERVICES, INC.</b>					
Principal Place of Business <b>13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE, FL 32224 US</b>			Mailing Address <b>C/O CORPORATE TAX DEPT P.O. BOX 19135 JACKSONVILLE, FL 32245 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03202006    Chg-P    CR2E034 (11/05)	
4. FEI Number <b>52-1529084</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDS LAROSE, ROBERT C. 13410 SUTTON PARK DR S JACKSONVILLE, FL 32224</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/V/T/AS ROBERT C. LAROSE 13410 SUTTON PARK DR S; JAX, FL 32224</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CPD GERKENS, HENRY H 13410 SUTTON PARK DR S JACKSONVILLE, FL 32224</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVTS OWEN, DENNIS P. 13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE, FL 32224</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/S MICHAEL KNELLER 13410 SUTTON PARK DR S; JAX, FL 32224</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BURNS, BILL 13410 SUTTON PARK DR S JACKSONVILLE, FL 32224</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 the empowered.					
<b>SIGNATURE:</b> _____		<b>ROBERT C. LAROSE</b>		<b>3/31/06</b> 904-398-9400	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

40044307



ATTACHMENT 40044564

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

**Directors**

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**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**

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**Henry H. Gerkens**

**President**

#P15153

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

**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