

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19475

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: FORT WAYNE RISK MANAGEMENT, INC.

## Current Principal Place of Business:

ONE REINSURANCE PLACE  
1700 MAGNAVOX WAY  
FORT WAYNE, IN 46804 US

## New Principal Place of Business:

1700 MAGNAVOX WAY  
FORT WAYNE, IN 46804 US

## Current Mailing Address:

P.O. BOX 7808  
FT. WAYNE, IN 468017808 US

## New Mailing Address:

1700 MAGNAVOX WAY  
FT. WAYNE, IN 46804 US

FEI Number: 35-1725019

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: WILSON, WELDON W  
Address: 175 KING STREET  
City-St-Zip: ARMONK, NY 10504

Title: SVPS ( ) Delete  
Name: HARRIGAN, PATRICIA D  
Address: 175 KING STREET  
City-St-Zip: ARMONK, NY 10504

Title: VPT ( ) Delete  
Name: BRUNNEGRAFF, THOMAS J  
Address: 175 KING STREET  
City-St-Zip: ARMONK, NY 10504

Title: EVDF ( ) Delete  
Name: ECKERT, RAYMOND A  
Address: 175 KING STREET  
City-St-Zip: ARMONK, NY 10504

Title: CD ( ) Delete  
Name: DUBOIS, JACQUES E  
Address: 175 KING STREET  
City-St-Zip: ARMONK, NY 10504

Title: VPAS ( ) Delete  
Name: ASHBRIDGE, MARGARET  
Address: 1700 MAGNAVOX WAY  
City-St-Zip: FORT WAYNE, IN 46804

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC (X) Change ( ) Addition  
Name: THOMPSON, ANN E  
Address: 5200 METCALF AVENUE  
City-St-Zip: OVERLAND PARK, KS 62002

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: EVPD (X) Change ( ) Addition  
Name: ECKERT, RAYMOND A  
Address: 175 KING STREET  
City-St-Zip: ARMONK, NY 10504

Title: VPCF (X) Change ( ) Addition  
Name: WYATT, ROBYN A  
Address: 175 KING STREET  
City-St-Zip: ARMONK, NY 10504

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARGARET ASHBRIDGE

VPAS

04/23/2007

Electronic Signature of Signing Officer or Director

Date