

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P24896** (3)

1. Corporation Name

**PROFESSIONAL RISK MANAGEMENT SERVICES, INC.**



Principal Place of Business

**1000 WILSON BLVD.  
2500  
ARLINGTON VA 22209  
US**

Mailing Address

**1000 WILSON BLVD.  
2500  
ARLINGTON VA 22209  
US**

3. Date Incorporated or Qualified  
**06/20/1989**

3a. Date of Last Report  
**12/04/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **820 Gessner**

22 City & State

27 Suite 1000  
28 **Houston, Texas**

23 Zip Country

29 **77024** 30 **US**

4. FEI Number  
**52-1480753**

Applied For  
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST.  
STE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

Signature and typed or printed name of registered agent and the corporation

Signature and typed or printed name of registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS

|                 |                                  |                                 |
|-----------------|----------------------------------|---------------------------------|
| TITLE           | PD                               | <input type="checkbox"/> DELETE |
| NAME            | HARRIS, RICHARD F                |                                 |
| STREET ADDRESS  | 1000 WILSON BLVD., SUITE 2500    |                                 |
| CITY - ST - ZIP | ARLINGTON VA 22209               |                                 |
| TITLE           | VAST                             | <input type="checkbox"/> DELETE |
| NAME            | TRACY, MARTIN G.                 |                                 |
| STREET ADDRESS  | 4202 HOLBORN AVE.                |                                 |
| CITY - ST - ZIP | ANNANDALE VA                     |                                 |
| TITLE           | S                                | <input type="checkbox"/> DELETE |
| NAME            | DETORIE, JOE                     |                                 |
| STREET ADDRESS  | 1000 WILSON BLVD., SUITE 2500    |                                 |
| CITY - ST - ZIP | ARLINGTON VA 22209               |                                 |
| TITLE           | DC                               | <input type="checkbox"/> DELETE |
| NAME            | GALTNEY, WILLIAM F. JR.          |                                 |
| STREET ADDRESS  | 505 TRAILS END                   |                                 |
| CITY - ST - ZIP | HOUSTON TX                       |                                 |
| TITLE           | D                                | <input type="checkbox"/> DELETE |
| NAME            | MULDERIG, ROBERT A.              |                                 |
| STREET ADDRESS  | 26 KNAPTON HILL "SPANISH GRANGE" |                                 |
| CITY - ST - ZIP | SMITHS FL08, BERMUDA             |                                 |
| TITLE           |                                  | <input type="checkbox"/> DELETE |
| NAME            |                                  |                                 |
| STREET ADDRESS  |                                  |                                 |
| CITY - ST - ZIP |                                  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                         |                                                                              |
|---------------------|-------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | D/C                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | Harris, Richard F.      |                                                                              |
| 1.3 STREET ADDRESS  | 820 Gessner, Suite 1000 |                                                                              |
| 1.4 CITY - ST - ZIP | Houston, Texas 77024    |                                                                              |
| 2.1 TITLE           | V/S                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            | Tracy, Martin G         |                                                                              |
| 2.3 STREET ADDRESS  |                         |                                                                              |
| 2.4 CITY - ST - ZIP |                         |                                                                              |
| 3.1 TITLE           | V/T                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            | Detorie, Joe            |                                                                              |
| 3.3 STREET ADDRESS  |                         |                                                                              |
| 3.4 CITY - ST - ZIP |                         |                                                                              |
| 4.1 TITLE           | D                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            | Galtney, William F. Jr. |                                                                              |
| 4.3 STREET ADDRESS  |                         |                                                                              |
| 4.4 CITY - ST - ZIP |                         |                                                                              |
| 5.1 TITLE           |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                         |                                                                              |
| 5.3 STREET ADDRESS  |                         |                                                                              |
| 5.4 CITY - ST - ZIP |                         |                                                                              |
| 6.1 TITLE           | P                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME            | Meadows, Robert V.      |                                                                              |
| 6.3 STREET ADDRESS  | 6229 Greenwich Drive    |                                                                              |
| 6.4 CITY - ST - ZIP | Arlington, VA 22209     |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

*Richard F. Harris*  
Richard F. Harris

Chairman of the Board/Director

7-29-96

(713) 461-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)



## Professional Risk Management Services, Inc.

*A Galtney Group Company*

- PRMS is a wholly-owned subsidiary of The Galtney Group, Inc. ("GGI").
- There are 10,000 Common Shares authorized with 100 shares issued to GGI.
- There are 10,000 Preferred Shares authorized with none issued.

### PRMS DIRECTORS & OFFICERS

Page 1 of 2

**Chairman of the Board  
Director**

Richard F. Harris (SS# 003-32-4944)  
Professional Risk Management Services of Texas, Inc.  
820 Gessner, Suite 1000  
Houston, Texas 77024  
Residence  
7 Lorrie Lake Lane  
Houston, TX 77024

**Director**

William F. Galtney, Jr. (SS# 587-76-6236)  
The Galtney Group, Inc.  
820 Gessner, Suite 1000  
Houston, TX 77024  
Residence  
11606 Green Oaks  
Houston, TX 77024

**Director**

Robert A. Mulderig (SS# 109-46-7481)  
Mutual Risk Management, Ltd.  
44 Church Street  
Hamilton HM12, Bermuda  
Residence  
25 Knapton Hill "Spanish Grange"  
Smiths FL 08, Bermuda

**President**

Robert V. Meadows (SS# 233-82-5383)  
Professional Risk Management Services, Inc.  
1000 Wilson Boulevard, Suite 2500  
Arlington, VA 22209  
Residence  
6229 Greenwich Drive  
Glen Allen, VA 23060

**Sr. Vice President  
Secretary**

Martin G. Tracy (SS #577-74-5681)  
Professional Risk Management Services, Inc.  
1000 Wilson Boulevard, Suite 2500  
Arlington, VA 22209  
Residence  
4202 Holborn Avenue  
Annandale, VA 22003



## Professional Risk Management Services, Inc.

*A Galtney Group Company*

### PRMS DIRECTORS & OFFICERS (con't)

Page 2 of 2

**Senior Vice President  
Finance, Treasurer**

Joseph P. Detorie (SS# 220-80-0373)  
Professional Risk Management Services, Inc.  
1000 Wilson Boulevard, Suite 2500  
Arlington, VA 22209  
Residence  
5 Gyburn Court  
Timonium, MD 21093

**Vice President  
Production**

Christopher V. Prestera (SS# 158-52-7928)  
Professional Risk Management Services, Inc.  
1000 Wilson Boulevard, Suite 2500  
Arlington, VA 22209  
Residence  
2209 N. Madison Street  
Arlington, VA 22205

**Vice President  
Underwriting**

Jacqueline M. Burkhart (#322-50-5314)  
Professional Risk Management Services, Inc.  
1000 Wilson Boulevard, Suite 2500  
Arlington, VA 22209  
Residence  
1001 Wilson Blvd., Apt. #904  
Arlington, VA 22209

**Vice President  
Public Relations**

Melanie Smith (SS# 227-74-6276)  
Professional Risk Management Services, Inc.  
1000 Wilson Boulevard, Suite 2500  
Arlington, VA 22209  
Residence  
1906 Kirby Road  
McLean, VA 22101

**Vice President  
Claims**

Marta M. Lukacs (SS# 156-48-9724)  
Professional Risk Management Services, Inc.  
1000 Wilson Boulevard, Suite 2500  
Arlington, VA 22209  
Residence  
P.O. Box 5116  
McLean, VA 22103-5116