


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90002 015 \*\*\*158.75

<b>DOCUMENT # P24896</b>		
1. Entity Name <b>PROFESSIONAL RISK MANAGEMENT SERVICES, INC.</b>		

Principal Place of Business <b>1515 WILSON BLVD., SUITE 800 ARLINGTON, VA 22209 US</b>	Mailing Address <b>1515 WILSON BLVD., SUITE 800 ARLINGTON, VA 22209 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40012044



01252006 Chg-P CR2E034 (11/05)

4. FEI Number <b>52-1480753</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	<b>FL</b>

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

<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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRACY, MARTIN 1515 WILSON BLVD, STE 800 ARLINGTON, VA 22209 <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	VTSD DETORIE, JOSEPH P 1515 WILSON BLVD. STE 800 ARLINGTON, VA 22209 <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	DC ZARANDONA, JOSEPH ONE LOGAN SQUARE, SUITE 1400 PHILADELPHIA, PA 19103 <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	D QUIST, MICHAEL I 111 E KILBOURN AVE, SUITE 1150 MILWAUKEE, WI 53202 <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	SVP SMITH, MELANIE 1515 WILSON BLVD, STE 800 ARLINGTON, VA 22209 <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	D FREDERICK, GREGG C ONE LOGAN SQUARE, SUITE 1400 PHILADELPHIA, PA 19103 <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 like empowered.

SIGNATURE: M. Tracy MARTIN G TRACY 1/31/06 800-245-3333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

40012044



(in California, d/b/a Cal-Psych Insurance Agency, Inc.)

## 2005 For-Profit Annual Report Document # P24896

### Additional Officers & Directors

#### *Directors*

**Bruce M. Daley**  
One Logan Square, Suite 1400  
Philadelphia, PA 19103

**Marti J. Little**  
One Logan Square, Suite 1400  
Philadelphia, PA 19103

**David A. Rampson**  
One Logan Square, Suite 1400  
Philadelphia, PA 19103

#### *Officers*

**Jacqueline M. Palumbo**  
*Senior Vice President, Underwriting*  
1515 Wilson Boulevard, Suite 800  
Arlington, VA 22209

**Jacqueline M. Melonas**  
*Vice President, Risk Management*  
1515 Wilson Boulevard, Suite 800  
Arlington, VA 22209

**Jean Clark Bates**  
*Vice President, Claims*  
1515 Wilson Boulevard, Suite 800  
Arlington, VA 22209

**Khosrow T. Ahmadi**  
*Assistant Vice President,  
Information Systems*  
1515 Wilson Boulevard, Suite 800  
Arlington, VA 22209

**Cora L. Watley**  
*Assistant Vice President, Underwriting*  
1515 Wilson Boulevard, Suite 800  
Arlington, VA 22209

**Megan E. Jones**  
*Assistant Vice President, Marketing*  
1515 Wilson Boulevard, Suite 800  
Arlington, VA 22209

**Donna L. Vanderpool**  
*Assistant Vice President, Risk Management*  
1515 Wilson Boulevard, Suite 800  
Arlington, VA 22209

**Denny R. Rodriguez**  
*Assistant Vice President, Claims*  
1515 Wilson Boulevard, Suite 800  
Arlington, VA 22209