

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000013978

1. Entity Name
A.I. RISK SPECIALISTS OF FLORIDA, INC.



Principal Place of Business
2600 DOUGLAS ROAD
SUITE 1010
CORAL GABLES, FL 33134 US

Mailing Address
70 PINE STREET
ATTN E M TUCK
NEW YORK, NY 10270 US

FILED

04 APR 29 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 13-3818981		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS ST, 105 TALLAHASSEE, FL 32301				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KELLY, SHAWN			NAME			
STREET ADDRESS	200 STATE STREET			STREET ADDRESS	100 Summer Street		
CITY-ST-ZIP	BOSTON, MA 02165			CITY-ST-ZIP	Boston, MA 02110		
TITLE	VPAG	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIVLIN, RACHEL			NAME			
STREET ADDRESS	200 STATE STREET			STREET ADDRESS	100 Summer Street		
CITY-ST-ZIP	BOSTON, MA			CITY-ST-ZIP	Boston, MA 02110		
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TUCK, ELIZABETH M			NAME			
STREET ADDRESS	70 PINE STREET			STREET ADDRESS	500034718565		
CITY-ST-ZIP	NEW YORK, NY			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCFATE, CAROL A			NAME	Bensinger, Steven J.		
STREET ADDRESS	70 PINE STREET			STREET ADDRESS	70 Pine Street		
CITY-ST-ZIP	NEW YORK, NY 10270			CITY-ST-ZIP	New York, NY 10270		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KELLEY, KEVIN H			NAME			
STREET ADDRESS	200 STATE STREET			STREET ADDRESS	100 summer street		
CITY-ST-ZIP	BOSTON, MA			CITY-ST-ZIP	Boston, MA 02110		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TIZZIO, THOMAS R.			NAME			
STREET ADDRESS	70 PINE STREET			STREET ADDRESS	175 Water street		
CITY-ST-ZIP	NEW YORK, NY			CITY-ST-ZIP	New York, NY 10038		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Elizabeth M. Tuck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04 (212)710-7000

Date Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 598287 4320171

AUTHORIZATION :

Patricia Pizote

COST LIMIT : \$ 150.00

ORDER DATE : April 28, 2004

ORDER TIME : 5:17 PM

ORDER NO. : 598287-015

CUSTOMER NO: 4320171

CUSTOMER: Bernadette Colon
American International Group,
30th Floor, 70 Pine Street
- Corporate
New York, NY 10270

ANNUAL REPORT FILING

NAME: A.I. RISK SPECIALISTS OF
FLORIDA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 29614

EXAMINER'S INITIALS: _____

RECEIVED
04 APR 29 PM 1:03
DIVISION OF CORPORATION