

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H16549

**Entity Name:** RISK MANAGEMENT ASSOCIATES, INC.**Current Principal Place of Business:**220 S RIDGEWOOD AVENUE  
DAYTONA BEACH, FL 32114**Current Mailing Address:**655 N. FRANKLIN ST.  
SUITE 1900  
TAMPA, FL 33602 US**FEI Number:** 59-2445801**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	DIRECTOR, PRESIDENT
Name	LYDECKER, CHARLES H
Address	220 S RIDGEWOOD AVENUE
City-State-Zip:	DAYTONA BEACH FL 32114

Title	VP, SECRETARY
Name	GRAMMIG, LAUREL L
Address	655 N. FRANKLIN ST., STE. 1900
City-State-Zip:	TAMPA FL 33602

Title	EXECUTIVE VP
Name	FLOREZ, ALAN S
Address	220 S RIDGEWOOD AVENUE
City-State-Zip:	DAYTONA BEACH FL 32114

Title	V
Name	WATTS, ANDY
Address	220 S. RIDGEWOOD AVENUE
City-State-Zip:	DAYTONA BEACH FL 32114

Title	TREASURER
Name	TINSLEY, THOMAS G
Address	220 S RIDGEWOOD AVENUE
City-State-Zip:	DAYTONA BEACH FL 32114

*I hereby 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 all other like empowered.*

**SIGNATURE:** LAUREL L. GRAMMIG**VP & SECRETARY****04/23/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date