

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H16549

**Entity Name:** RISK MANAGEMENT ASSOCIATES, INC.

**Current Principal Place of Business:**

300 NORTH BEACH STREET  
DAYTONA BEACH, FL 32114

**Current Mailing Address:**

300 NORTH BEACH STREET  
DAYTONA BEACH, FL 32114 US

**FEI Number:** 59-2445801

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            BROWN, P. BARRETT  
Address         300 NORTH BEACH STREET  
City-State-Zip: DAYTONA BEACH FL 32114

Title            VICE PRESIDENT  
Name            WATTS, RICHARD ANDREW  
Address         300 NORTH BEACH STREET  
City-State-Zip: DAYTONA BEACH FL 32114

Title            VICE PRESIDENT/SECRETARY  
Name            LLOYD, ROBERT W.  
Address         300 NORTH BEACH STREET  
City-State-Zip: DAYTONA BEACH FL 32114

Title            TREASURER  
Name            DALY, WILLIAM R.  
Address         300 NORTH BEACH STREET  
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:** RICHARD ANDREW WATTS

**VICE PRESIDENT**

**03/18/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date