

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J06802

**Entity Name:** STI RISK MANAGEMENT CO.**Current Principal Place of Business:**6600 CONGRESS AVE  
BOCA RATON, FL 33487-1213**Current Mailing Address:**PO BOX 591 X-81  
MILWAUKEE, WI 53201-0591 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S. 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 SECRETARY, DIRECTOR, VP  
Name FINNEY, LEE M  
Address 6600 CONGRESS AVE  
City-State-Zip: BOCA RATON FL 33487-1213

Title PRESIDENT, TREASURER, DIRECTOR  
Name MCGRAW, ANTHONY  
Address 6600 CONGRESS AVE  
City-State-Zip: BOCA RATON FL 33487-1213

Title DIRECTOR, VP, ASST. SECRETARY  
Name OSBORNE, CHRISTOPHER E  
Address 507 E MICHIGAN STREET  
City-State-Zip: MILWAUKEE WI 53202

*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:** LEE M FINNEY

SECRETARY

03/03/2020

Electronic Signature of Signing Officer/Director Detail

Date