2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2014
Secretary of State
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Entity Name: CLAIMS & RISK MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

11440 NORTH KENDALL DRIVE
SUITE 300
MIAMI, FL 33176

Current Mailing Address:

P.O. BOX 163705
MIAMI, FL 33116 US

FEI Number: 46-1521462

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CARR, NANCY E
11440 NORTH KENDALL DRIVE
SUITE 300
MIAMI, FL 33176 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

Authorized Person(s) Detail :

Title	DIRECTOR
Name	CARR, NANCY E
Address	11440 NORTH KENDALL DRIVE SUITE 300
City-State-Zip:	MIAMI FL 33176

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NANCY E. CARR PRESIDENT 01/27/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date