

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000209467

**Entity Name:** VAULT RISK MANAGEMENT SERVICES, LLC**Current Principal Place of Business:**300 FIRST AVE. SOUTH  
STE. 401  
ST PETERSBURG, FL 33701**Current Mailing Address:**300 1ST AVE. S.  
STE. 401  
ST. PETERSBURG, FL 33701 US**FEI Number:** 81-4334051**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**POPP, NICHOLAS G.  
300 FIRST AVE. S.  
STE. 301  
ST. PETERSBURG, FL 33701 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:** NICHOLAS G. POPP

04/26/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title DIRECTOR, CHAIRMAN  
Name CARMILANI, SCOTT A  
Address 515 N FLAGLER DR.  
STE. 1200  
City-State-Zip: WEST PALM BEACH FL 33401

Title CEO, DIRECTOR  
Name WILLIAMSON, CHARLES E II  
Address 300 1ST AVE. S.  
STE. 401  
City-State-Zip: ST. PETERSBURG FL 33701

Title CHIEF UNDERWRITING OFFICER  
Name QUALLS, MARY A  
Address 300 1ST AVE. S.  
STE. 401  
City-State-Zip: ST. PETERSBURG FL 33701

Title CHIEF ACTUARY  
Name ROTH, BRANDELYN C  
Address 300 1ST AVE. S.  
STE. 401  
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR  
Name POLLACK, EMILY R  
Address 499 PARK AVE.  
21ST FLOOR  
City-State-Zip: NEW YORK NY 10022

Title CFO  
Name MUQTADIR, NICK Q  
Address 300 1ST AVE. S.  
STE. 401  
City-State-Zip: ST. PETERSBURG FL 33701

Title CHIEF CLAIMS OFFICER  
Name PIOTROWSKI, PETER  
Address 300 1ST AVE. S.  
STE. 401  
City-State-Zip: ST. PETERSBURG FL 33701

Title SECRETARY, GENERAL COUNSEL  
Name POPP, NICHOLAS G  
Address 300 1ST AVE. S.  
STE. 401  
City-State-Zip: ST. PETERSBURG FL 33701

*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:** NICHOLAS G POPP**SECRETARY**

04/26/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date