

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000002937

Entity Name: RISK MANAGEMENT CLAIM SERVICES, INC.**Current Principal Place of Business:**13410 SUTTON PARK DRIVE SOUTH
JACKSONVILLE, FL 32224**Current Mailing Address:**13410 SUTTON PARK DRIVE SOUTH
JACKSONVILLE, FL 32224 US**FEI Number:** 52-1529084**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	P
Name	GERKENS, HENRY H
Address	13410 SUTTON PARK DRIVE SOUTH
City-State-Zip:	JACKSONVILLE FL 32224

Title	V
Name	MURPHY, PATRICK J
Address	13410 SUTTON PARK DR S
City-State-Zip:	JACKSONVILLE FL 32224

Title	S
Name	KNELLER, MICHAEL K
Address	13410 SUTTON PARK DR S
City-State-Zip:	JACKSONVILLE FL 32224

Title	T
Name	GATTONI, JAMES B
Address	13410 SUTTON PARK DRIVE SOUTH
City-State-Zip:	JACKSONVILLE FL 32224

Title	D
Name	GERKENS, HENRY H
Address	13410 SUTTON PARK DRIVE SOUTH
City-State-Zip:	JACKSONVILLE FL 32224

Title	D
Name	GATTONI, JAMES B
Address	13410 SUTTON PARK DRIVE SOUTH
City-State-Zip:	JACKSONVILLE FL 32224

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: PATRICK J. MURPHY**VICE PRESIDENT****04/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date