

1.) CORPORATION NAME:

NORTH AMERICAN RISK SERVICES, INC.

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1744574**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 240 EAST CENTRAL PARKWAY
SUITE 4010

CITY/ST/ZIP: ALTAMONTE SPRINGS, FL 32701

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	ROBERT RURYK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	240 EAST CENTRAL PARKWAY		
	SUITE 4010		
CITY/ST/ZIP/CO:	ALTAMONTE SPRINGS, FL 32701		

NAME:	JOHN M. MCCULLY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	240 EAST CENTRAL PARKWAY		
	SUITE 4010		
CITY/ST/ZIP/CO:	ALTAMONTE SPRINGS, FL 32701		

NAME:	JAMES M. BERNARDO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	240 EAST CENTRAL PARKWAY		
	SUITE 4010		
CITY/ST/ZIP/CO:	ALTAMONTE SPRINGS, FL 32701		

NAME:	CHERYL W. AYERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2016 B. ALDEN ROAD		
CITY/ST/ZIP/CO:	ORLANDO, FL 32803		

NAME:	WALTER P. BURRELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3 BUTTONWOOD DRIVE		
CITY/ST/ZIP/CO:	SHREWSBURY, NJ 07702		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN T. FITZPATRICK DIRECTOR 500 PARK BLVD SUITE 860 ITASCA, IL 60143	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER J. MOLINARO DIRECTOR 125 STATE STREET ALBANY, NY 12207	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE Y. TSUI DIRECTOR 191 BIRKDALE DRIVE BLUE BELL, PA 19422	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JAMES M. BERNARDO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES M. BERNARDO, SECRETARY PRINTED NAME AND CORPORATE TITLE	4/19/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			