RI SOS Filing Number: 201441816010 Date: 06/23/2014 9:26 AM

State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Non-Profit Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000155076

2. Name of Corporation School Leaders Risk Management Association

3. State of Incorporation

State: IL

4. Corporate Address in Rhode Island

No. and Street: ONE RICHMOND SQUARE
SUITE 125B
City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 155 N. WACKER DRIVE
SUITE 3700
City or Town: CHICAGO State: IL Zip: 60606 Country: US

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

EDUCATION, PROVIDING RISK MANAGEMENT SERVICE TO PUBLIC SCHOOL DISTRICTS TO ASSIST IN LOWERING THEIR SCHOOL BOARD LEGAL LIABILITY CLAIMS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ROGER EDDY	2921 BAKER DRIVE SPRINGFIELD, IL 62703 US
TREASURER	JOHN HEIM	1420 SW ARROWHEAD ROAD TOPEKA, KS 66604 US
SECRETARY	JOHN SPATZ	1311 STOCKWELL

0-7236-0

		LINCOLN, NE 68502 USA
ASSISTANT SECRETARY	JAMES K WOODARD	155 NORTH WACKER DRIVE, SUITE 3700 CHICAGO, IL 60606 USA
VICE PRESIDENT	LANCE MELTON	863 GREAT NORTHERN BLVD., STE. 301 HELENA, MT 59601 USA
ASSISTANT TREASURER	JESSICA HOGG	155 NORTH WACKER DRIVE, SUITE 3700 CHICAGO, IL 60606 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

REGISTERED AGENTS INC. ONE RICHMOND SQUARE, SUITE 125B PROVIDENCE , RI 02906

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 23 Day of June, 2014 at 9:27:54 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JAMES WOODARD
Signature of Authorized Person

Form No. 631
Revised 09/07