## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000001427

Entity Name: PROFESSIONAL INDEMNITY AGENCY, INC.

FILED Jan 24, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
345 ROUTE 17 SOUTH UPPER SADDLE RIVER, NJ 07458				37 RADIO CIRCLE DRIVE MT. KISCO, NY 10549		
Current Mailing Address:				New Mailing Address:		
13403 NORTHWEST FREEWAY ATTN: LEGAL DEPT. HOUSTON, TX 77040						
FEI Number: 13-2918810 FEI Number Applied For ( ) FEI Num			nber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 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:						
		c Signature of Registered Agent	t			Date
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MOULTON, COR 37 RADIO CIRCI	Delete Y L LE DRIVE, PO BOX 5000 NY 105495000 US		Title: Name: Address: City-St-Zip:	GOANOS, LARRY	DRIVE, PO BOX 5000
Title: Name: Address: City-St-Zip:	VD ()  ELLIS, EDWARD 13403 NORTHW HOUSTON, TX 7	EST FREEWAY		Title: Name: Address: City-St-Zip:	( ) Ch	ange ( ) Addition
Title: Name: Address: City-St-Zip:	S () SIMMONS, JAME 13403 NORTHW HOUSTON, TX 7	EST FREEWAY		Title: Name: Address: City-St-Zip:	( ) Ch	ange ( ) Addition
Title: Name: Address: City-St-Zip:	T () I OJHA, HAMENDI 13403 NORTHW HOUSTON, TX	EST FREEWAY		Title: Name: Address: City-St-Zip:	( ) Ch	ange ( ) Addition
Title: Name: Address: City-St-Zip:	VD () MOLBECK, JOH 13403 NORTHW HOUSTON, TX 7	EST FREEWAY		Title: Name: Address: City-St-Zip:	( ) Ch	ange ( ) Addition
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	MOULTON, CORY	DRIVE, PO BOX 5000

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES L SIMMONS S 01/24/2008