

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000007372

**FILED**  
**Apr 25, 2014**  
**Secretary of State**  
**CC8817782915**

**Entity Name:** ACADEMIC MEDICAL PROFESSIONALS INSURANCE RISK  
RETENTION GROUP, LLC

**Current Principal Place of Business:**

76 ST. PAUL STREET  
SUITE 500  
BURLINGTON, VT 05401

**Current Mailing Address:**

76 ST. PAUL STREET  
SUITE 500  
BURLINGTON, VT 05401

**FEI Number: 20-8595533**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

HAYNES, WILLIAM A  
13901 SUTTON PARK DRIVE SOUTH  
BLDG C, SUITE 360  
JACKSONVILLE, FL 32224 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

**Authorized Person(s) Detail :**

Title MGR  
Name COTTRELL, JAMES E M.D.  
Address 1250 BROADWAY, SUITE 3401  
City-State-Zip: NEW YORK NY 10001

Title MGR  
Name QUIRK, JAMES G M.D.  
Address 1250 BROADWAY, SUITE 3401  
City-State-Zip: NEW YORK NY 10001

Title MGR  
Name MORIARTY, KEVIN ESQ.  
Address 199 MAIN STREET  
City-State-Zip: BURLINGTON VT 05402

Title MGR  
Name KERN, MARTIN  
Address 1250 BROADWAY, SUITE 3401  
City-State-Zip: NEW YORK NY 10001

*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: JAMES EDWARD COTTRELL, MD**

**PRESIDENT**

**04/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date