

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000007372

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

**FILED**  
**Apr 20, 2017**  
**Secretary of State**  
**CC8085279715**

**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: No**

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

WILCOX, JANET 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: JANET WILCOX**

**04/20/2017**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CHAIRMAN, DIRECTOR  
Name COTTRELL, JAMES E M.D.  
Address 99 PARK AVENUE, 23RD FLOOR  
City-State-Zip: NEW YORK NY 10016

Title SECRETARY, VP  
Name BARDI, JOSEPH  
Address 99 PARK AVENUE, 23RD FLOOR  
City-State-Zip: NEW YORK NY 10016

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

Title PRESIDENT  
Name KERN, MARTIN  
Address 99 PARK AVENUE, 23RD FLOOR  
City-State-Zip: NEW YORK NY 10016

*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: MARTIN KERN**

**PRESIDENT**

**04/20/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date