

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000007372

Entity Name: ACADEMIC MEDICAL PROFESSIONALS INSURANCE RISK
RETENTION GROUP, LLC**FILED**
May 07, 2020
Secretary of State
6898433654CC**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****05/07/2020**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	PRESIDENT
Name	LASTNER, MARK
Address	77 GOODELL STREET SUITE 310
City-State-Zip:	BUFFALO NY 14203
Title	MANAGER
Name	CURTIS, JAY
Address	76 ST. PAUL ST, STE 500
City-State-Zip:	BURLINGTON VT 05402
Title	TREASURER
Name	BORRELL, DOUGLAS A
Address	77 GOODELL STREET SUITE 310
City-State-Zip:	BUFFALO NY 14203
Title	DIRECTOR
Name	THAYER SCATES, JAMIE
Address	77 GOODELL STREET SUITE 310
City-State-Zip:	BUFFALO NY 14203

Title	SECRETARY
Name	CAPONE, STEVEN
Address	77 GOODELL STREET SUITE 310
City-State-Zip:	BUFFALO NY 14203
Title	DIRECTOR, CHAIRMAN
Name	MANYON, ANDREA MD
Address	77 GOODELL STREET SUITE 310
City-State-Zip:	BUFFALO NY 14203
Title	DIRECTOR
Name	ZENILMAN, MICHAEL E MD
Address	77 GOODELL STREET SUITE 310
City-State-Zip:	BUFFALO NY 14203

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: DOUGLAS BORRELL**TREASURER****05/07/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date