## 2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001427

Entity Name: PROFESSIONAL INDEMNITY AGENCY, INC.

**FILED** Jun 30, 2016 **Secretary of State** CC8373472166

## **Current Principal Place of Business:**

37 RADIO CIRCLE DRIVE

P.O. BOX 5000

MOUNT KISCO, NY 105495000

## **Current Mailing Address:**

37 RADIO CIRCLE DRIVE

P.O. BOX 5000

MOUNT KISCO, NY 105495000 US

FEI Number: 13-2918810 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

Officer/Director Detail:

**PRESIDENT** Title Title EVP, DIRECTOR

HARMEYER, THOMAS Name Name WILLIAMS, CHRISTOPHER J.B.

Address 37 RADIO CIRCLE DRIVE Address 37 RADIO CIRCLE DRIVE

> P.O. BOX 5000 P.O. BOX 5000

MOUNT KISCO NY 105495000 MOUNT KISCO NY 105495000 City-State-Zip:

City-State-Zip:

Title VP, ASST. SECRETARY Title VP, TREASURER RINICELLA, RANDY D. Name LEE, JONATHAN Name

37 RADIO CIRCLE DRIVE 37 RADIO CIRCLE DRIVE Address Address

P.O. BOX 5000 P.O. BOX 5000

MOUNT KISCO NY 105495000 MOUNT KISCO NY 105495000 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title **SECRETARY** 

IRICK, BRAD T. Name Name LUDLOW, ALEXANDER

37 RADIO CIRCLE DRIVE 37 RADIO CIRCLE DRIVE Address Address

> P.O. BOX 5000 P.O. BOX 5000

MOUNT KISCO NY 105495000 MOUNT KISCO NY 105495000 City-State-Zip: City-State-Zip:

Title **DIRECTOR** 

Name HUBBARD, WILLIAM F.

Address 37 RADIO CIRCLE DRIVE

P.O. BOX 5000

City-State-Zip: MOUNT KISCO NY 105495000

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 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 all other like empowered.

06/30/2016 SIGNATURE: ALEXANDER LUDLOW SECRETARY

Date