

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000001427

**Entity Name:** PROFESSIONAL INDEMNITY AGENCY, INC.

**Current Principal Place of Business:**

37 RADIO CIRCLE DRIVE  
MOUNT KISCO, NY 10549-5000

**Current Mailing Address:**

37 RADIO CIRCLE DRIVE  
MOUNT KISCO, NY 10549-5000 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

Date

**Officer/Director Detail :**

Title VP, TREASURER  
Name LEE, JONATHAN  
Address 37 RADIO CIRCLE DRIVE  
City-State-Zip: MOUNT KISCO NY 10549-5000

Title DIRECTOR  
Name BROCK, SHARON  
Address 37 RADIO CIRCLE DRIVE  
City-State-Zip: MOUNT KISCO NY 10549-5000

Title DIRECTOR  
Name RIVERA, SUSAN  
Address 37 RADIO CIRCLE DRIVE  
City-State-Zip: MOUNT KISCO NY 10549-5000

Title DIRECTOR  
Name WEIST, THOMAS E.  
Address 37 RADIO CIRCLE DRIVE  
City-State-Zip: MOUNT KISCO NY 10549-5000

Title PRESIDENT  
Name ROBIN, RICHARD  
Address 37 RADIO CIRCLE DRIVE  
City-State-Zip: MOUNT KISCO NY 10549-5000

Title CFO  
Name DAVIS, NIKKI  
Address 37 RADIO CIRCLE DRIVE  
City-State-Zip: MOUNT KISCO NY 10549-5000

Title VP  
Name CURTIN, SEAN T.  
Address 37 RADIO CIRCLE DRIVE  
City-State-Zip: MOUNT KISCO NY 10549-5000

Title VP  
Name HICKOX, JENNIFER  
Address 37 RADIO CIRCLE DRIVE  
City-State-Zip: MOUNT KISCO NY 10549-5000

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*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.*

**SIGNATURE: ALEXANDER LUDLOW**

**SECRETARY**

**05/30/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP, DIRECTOR  
Name HUBBARD, WILLIAM F.  
Address 37 RADIO CIRCLE DRIVE  
City-State-Zip: MOUNT KISCO NY 10549-5000

Title VP  
Name KIDDER, WILLIAM  
Address 37 RADIO CIRCLE DRIVE  
City-State-Zip: MOUNT KISCO NY 10549-5000

Title VP  
Name RAY, JOYCELYN M.  
Address 37 RADIO CIRCLE DRIVE  
City-State-Zip: MOUNT KISCO NY 10549-5000

Title SECRETARY  
Name LUDLOW, ALEXANDER  
Address 37 RADIO CIRCLE DRIVE  
City-State-Zip: MOUNT KISCO NY 10549-5000

Title VP  
Name IACOBELL, SHELLY L.  
Address 37 RADIO CIRCLE DRIVE  
City-State-Zip: MOUNT KISCO NY 10549-5000

Title VP  
Name OVERLAN, MATTHEW C.  
Address 37 RADIO CIRCLE DRIVE  
City-State-Zip: MOUNT KISCO NY 10549-5000

Title VP  
Name RINICELLA, RANDY D.  
Address 37 RADIO CIRCLE DRIVE  
City-State-Zip: MOUNT KISCO NY 10549-5000

Title VP  
Name LUDLOW, ALEXANDER  
Address 37 RADIO CIRCLE DRIVE  
City-State-Zip: MOUNT KISCO NY 10549-5000