

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000001427

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

**Current Principal Place of Business:**

37 RADIO CIRCLE DRIVE  
P.O. BOX 5000  
MOUNT KISCO, NY 10549-5000

**Current Mailing Address:**

37 RADIO CIRCLE DRIVE  
P.O. BOX 5000  
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 DIRECTOR  
Name WILLIAMS, CHRISTOPHER J.B.  
Address 25510 RIVER ROAD  
City-State-Zip: CLOVERDALE CA 95425

Title DIRECTOR  
Name IRICK, BRAD T.  
Address 13403 NORTHWEST FREEWAY  
City-State-Zip: HOUSTON TX 77040

Title DIRECTOR  
Name HUBBARD, WILLIAM F.  
Address 401 EDGEWATER PLACE  
SUITE 400  
City-State-Zip: WAKEFIELD MA 01880

Title SECRETARY  
Name LUDLOW, ALEXANDER  
Address 13403 NORTHWEST FREEWAY  
City-State-Zip: HOUSTON TX 77040

Title TREASURER  
Name LEE, JONATHAN  
Address 13403 NORTHWEST FREEWAY  
City-State-Zip: HOUSTON TX 77040

Title PRESIDENT  
Name HARMEYER, THOMAS  
Address 13403 NORTHWEST FREEWAY  
City-State-Zip: HOUSTON TX 77040

*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**

**04/04/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date