

**2017 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:** NOT APPLICABLE

**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            PRESIDENT  
Name            HARMEYER, THOMAS  
Address        37 RADIO CIRCLE DRIVE  
                  P.O. BOX 5000  
City-State-Zip: MOUNT KISCO NY 10549-5000

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

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

Title            DIRECTOR  
Name            HUBBARD, WILLIAM F.  
Address        6 BALLARD TERRACE  
City-State-Zip: LEXINGTON MA 02420

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

Title            DIRECTOR  
Name            WILLIAMS, CHRISTOPHER J.B.  
Address        25510 RIVER ROAD  
City-State-Zip: CLOVERDALE CA 95425

*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**

**04/13/2017**

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

\_\_\_\_\_  
Date