

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000002595

FILED
Apr 09, 2014
Secretary of State
CC5943724393

Entity Name: THE HEALTHCARE UNDERWRITING COMPANY, A RISK
RETENTION GROUP

Current Principal Place of Business:

100 BANK STREET, SUITE 610
BURLINGTON, VT 05401

Current Mailing Address:

100 BANK STREET, SUITE 610
BURLINGTON, VT 05401 US

FEI Number: 20-2837805

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
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 SECRETARY, DIRECTOR
Name WATERFALL, MARCY
Address 100 BANK STREET, SUITE 610
City-State-Zip: BURLINGTON VT 05401

Title PRESIDENT AND TREASURER,
DIRECTOR
Name DEWITT, MICHAEL L
Address 100 BANK STREET, SUITE 610
City-State-Zip: BURLINGTON VT 05401

Title DIRECTOR
Name MURPHY, TYLER
Address 100 BANK STREET, SUITE 610
City-State-Zip: BURLINGTON VT 05401

Title ASSISTANT TREASURER
Name SNYDER, JAMES
Address 100 BANK STREET, SUITE 610
City-State-Zip: BURLINGTON VT 05401

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: MICHAEL DEWITT

**PRESIDENT &
TREASURER**

04/09/2014

Electronic Signature of Signing Officer/Director Detail

_____ Date