

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000002595

**FILED**  
**Jan 14, 2020**  
**Secretary of State**  
**2089762781CC**

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

**Current Principal Place of Business:**

463 MOUNTAIN VIEW DRIVE, 3RD FLOOR, SUITE 301  
COLCHESTER, VT 05446

**Current Mailing Address:**

463 MOUNTAIN VIEW DRIVE, 3RD FLOOR, SUITE 301  
COLCHESTER, VT 05446 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 463 MOUNTAIN VIEW DRIVE, 3RD FLOOR, SUITE 301  
City-State-Zip: COLCHESTER VT 05446

Title PRESIDENT AND TREASURER, DIRECTOR  
Name DEWITT, MICHAEL L  
Address 463 MOUNTAIN VIEW DRIVE, 3RD FLOOR, SUITE 301  
City-State-Zip: COLCHESTER VT 05446

Title ASSISTANT TREASURER  
Name SNYDER, JAMES  
Address 463 MOUNTAIN VIEW DRIVE, 3RD FLOOR, SUITE 301  
City-State-Zip: COLCHESTER VT 05446

*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**

**01/14/2020**

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

\_\_\_\_\_  
Date