2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000004915

Entity Name: NASW RISK RETENTION GROUP, INC.

Current Principal Place of Business:

1401 EYE STREET SUITE 600

WASHINGTON, DC 20005

Current Mailing Address:

8000 E MAPLEWOOD AVENUE SUITE 350

GREENWOOD VILLAGE, CO 80111 US

FEI Number: 45-5581834 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

FILED Jan 24, 2020

Secretary of State

1964408394CC

Officer/Director Detail:

PRESIDENT, DIRECTOR Title Title SECRETARY, DIRECTOR MILLER, JEFFREY CHARLES Name MONAHAN, JOSEPH Name

Address 55 W MONROE ST SUITE 3700 Address 847 W LILL AVE City-State-Zip: CHICAGO IL 60603 City-State-Zip: CHICAGO IL 60614

Title TREASURER, DIRECTOR Title CEO, DIRECTOR Name REYES, DEBORAH Name BENEDETTO, TONY

2655 S LEJEUNE RD PENTHOUSE I-K Address 50 CITIZENS WAY SUITE 304 Address

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: FREDERICK MD 21701

DIRECTOR Title Title DIRECTOR

Name MCCLAIN, ANGELO PHD Name SHAHER, AHMED Address 750 FIRST STREET, NE Address

1699 KING STREET SUITE 800

SUITE 300

City-State-Zip: WASHINGTON DC 20002 City-State-Zip: ENFIELD CT 06082

Title ASST. SECRETARY Title ASST. SECRETARY Name MALADY, HELEN Name HAMMOND, STACY Address **50 CITIZENS WAY** Address 50 CITIZENS WAY

SUITE 304 SUITE 304

City-State-Zip: FREDERICK MD 21701 FREDERICK MD 21701 City-State-Zip:

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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.

01/24/2020 **CFO** SIGNATURE: LEONARD CLAPP

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name JONES, RICHARD L PHD Name MCCARTY, DAVID H.

Address 13900 SHAKER BLVD. Address 14676 77TH PL N

APT 410 City-State-Zip: CLEVELAND OH 44120

Title CFO Title DIRECTOR

Name CLAPP, LEONARD

Address 50 CITIZENS WAY, STE 304

Address 707 DIMMOCK HILL ROAD

Name

MAPLE GROVE MD 55311

CAMPBELL, DAVID A

City-State-Zip: BINGHAMTOM NY 13905