Entity Name: BAR VERMONT RISK RETENTION GROUP, INC.

Current Principal Place of Business:

100 BANK STREET 630 BURLINGTON, VT 05401

Current Mailing Address:

DOCUMENT# F16000005318

100 BANK STREET 630 BURLINGTON, VT 05401 US

FEI Number: 03-0331337

Name and Address of Current Registered Agent:

LUQUE, TINA 1001 BRICKELL BAY DRIVE 1000 MIAMI, FL 33131 US

Certificate of Status Desired: No

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	: TINA LUQUE		04/24/202	23			
	Electronic Signature of Registered Agent		Date				
Officer/Director Detail :							
Title	T, D	Title	P, C, D				
Name	SCHWARTZ, JED A	Name	PITTS, ANDREW J				
Address	28 LIBERTY ST.	Address	WORLDWIDE PLAZA				
City-State-Zip:	NEW YORK NY 10005	City-State-Zip:	825 EIGHTH AVENUE NEW YORK NY 10019-7475				
Title Name Address City-State-Zip: Title Name Address	VP, VC, DIRECTOR MCRAE, WILLIAM L ONE LIBERTY PLAZA NEW YORK NY 10006 VP, ASST. SECRETARY GRAY, NANCY L 76 SAINT PAUL ST, STE. 500	Title Name Address City-State-Zip: Title Name Address	VP, S, DIRECTOR JOHNSON, JEFFREY P 150 SOUTH CHAMPLAIN ST. BURLINGTON VT 05402 D BIRENBOIM, BRUCE 1285 AVENUE OF THE AMERICAS				
City-State-Zip:		City-State-Zip:					
Title	D	Title	D				
Name	EARNHARDT, J. WESLEY	Name	LEDERKRAMER, DAVID M				
Address	WORLDWIDE PLAZA 825 8TH AVE.	Address City-State-Zip:	11 TIMES SQUARE NEW YORK NY 10036				
City-State-Zip:	NEW YORK NY 10019	ony orale-zip.					

Continues on page 2

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	: JED SCHWARTZ	TREASURER	04/24/2023
	Electronic Signature of Signing Officer/Director Detail		Date

FILED Apr 24, 2023 Secretary of State 8810377594CC

Officer/Director Detail Continued :

Title	D	Title	D
Name	TAYLOR, BETH	Name	HOCHBAUM, LEE
Address	200 LIBERTY ST.	Address	450 LEXINGTON AVE.
City-State-Zip:	NEW YORK NY 10281	City-State-Zip:	NEW YORK NY 10017
Title	D	Title	D
Name	WANG, GEORGE S	Name	GROSKAUFMANIS, KARL
Address	450 LEXINGTON AVE.	Address	ONE NEW YORK PLAZA
City-State-Zip:	NEW YORK NY 10017	City-State-Zip:	NEW YORK NY 10004
Title	DIRECTOR	Title	DIRECTOR
Name	TAFT, WILLIAM H V	Name	GEE, STEVEN
Address	919 THID AVENUE	Address	1221 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10022	City-State-Zip:	NEW YORK NY 10020-1095
-		Title	DIRECTOR
Title		Name	JACOBSON, MICHELE L
Name	ROLL, WILLIAM J.F. III		,
Address	599 LEXINGTON AVENUE #16	Address	180 MAIDEN LANE
City-State-Zip:	NEW YORK NY 10022	City-State-Zip:	NEW YORK NY 10038
Title	DIRECTOR		
Name	DELAMATER, ROBERT G		
Address	125 BROAD STREET		

- City-State-Zip: NEW YORK NY 10004-2498