

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001427

FILED
Jan 16, 2006
Secretary of State

Entity Name: PROFESSIONAL INDEMNITY AGENCY, INC.

Current Principal Place of Business:

345 ROUTE 17 SOUTH
UPPER SADDLE RIVER, NJ 07458

New Principal Place of Business:

Current Mailing Address:

13403 NORTHWEST FREEWAY
ATTN: LEGAL DEPT.
HOUSTON, TX 77040

New Mailing Address:

FEI Number: 13-2918810 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RATTNER, MARK E
Address: 37 RADIO CIRCLE DRIVE, PO BOX 5000
City-St-Zip: MOUNT KISCO, NY 105495000 US

Title: VD () Delete
Name: ELLIS, EDWARD H JR.
Address: 13403 NORTHWEST FREEWAY
City-St-Zip: HOUSTON, TX 77040 US

Title: VSD () Delete
Name: MARTIN, CHRISTOPHER L
Address: 13403 NORTHWEST FREEWAY
City-St-Zip: HOUSTON, TX 77040 US

Title: T () Delete
Name: CERVONI, JON
Address: 37 RADIO CIRCLE DR., PO BOX 5000
City-St-Zip: MOUNT KISCO, NY 105495000 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MOULTON, CORY L
Address: 37 RADIO CIRCLE DRIVE, PO BOX 5000
City-St-Zip: MOUNT KISCO, NY 105495000 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TCFO (X) Change () Addition
Name: CERVONI, JON
Address: 37 RADIO CIRCLE DR., PO BOX 5000
City-St-Zip: MOUNT KISCO, NY 105495000 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHRISTOPHER L MARTIN

VS

01/16/2006

Electronic Signature of Signing Officer or Director

_____ Date