

2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F02000003450

FILED
May 01, 2013
Secretary of State

Entity Name: PHYSICIANS PROFESSIONAL LIABILITY RISK RETENTION GROUP, INC.

Current Principal Place of Business:

76 ST. PAUL STREET STE. 500
BURLINGTON, VT 05401

New Principal Place of Business:

Current Mailing Address:

76 ST. PAUL STREET STE. 500
BURLINGTON, VT 05401

New Mailing Address:

FEI Number: 33-1010508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEDA, JACK
1851 NW 125TH AVENUE
SUITE 339
PEMBROKE PINES, FL 33028 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: JACK HEDA

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VAS
Name: JOY, PETER
Address: 76 ST. PAUL STREET STE. 500
City-St-Zip: BURLINGTON, VT 05401

Title: DT
Name: REISS, GERALD
Address: 5200 ARTHUR STREET
City-St-Zip: HOLLYWOOD, FL 33029

Title: DP
Name: RICHARD, REINER
Address: 2400 BEDFORD ROAD
City-St-Zip: ORLANDO, FL 32803

Title: VAS
Name: MAPES, STEPHANIE
Address: CHURCH STREET
City-St-Zip: BURLINGTON, VT 05401

Title: DS
Name: HEROLD, FRED
Address: 1150 NORTH 35TH AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

Title: DVP
Name: BIRKEN, GARY
Address: 1150 NORTH 35TH AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

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: PETER JOY

Electronic Signature of Signing Officer or Director

VAS

05/01/2013

Date