2007 FOR PROFIT CORPORATION ANNUAL REPORT '

DOCUMENT # F03000004949

1. Entity Name

PEDIATRICIANS INSURANCE RISK RETENTION GROUP OF AMERICA, INC.



Principal Place of Business

5101 WISCONSIN AVE. NW

STE 500

WASHINGTON, DC 20016 U

Mailing Address

C/O RISK SERVICES, 1501 WILSON BLVD, STE 1110 ARLINGTON, VA 22209 US FILED
May 08, 2007 8:00 am
Secretary of State
05-08-2007 90008 014 ***150.00

40107937



04132007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0167681 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROSOV, EUGENE A PRES.

780-NE-OSTH STREET 634 BIVE Rd.

MIAMI: FL 33138

CITY-ST-ZIP

SIGNATURE: _

2310 MIAMI: FL-331381

Coval Gables FL 33146

DO NOT WRITE IN THIS SPACE

			•	2	
8. The above the obligat	named entity submits this statement for the plans of registered agent.	purpose of changing its registered	office or registered agent, or bot	h, in the State of Florida. I am familiar with, and acc	ept
SIGNATURE.	Signature, typed or printed party of fortifiered agent and title	FUGENE A. POSOV If applicable. (NOTE: Registered A	gent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financ Trust Fund Contribution.		ng \$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRE	CTORS			
TITLE	PD		, ,		1
NAME	ROSOV, EUGENE A	634 Bird Rd.			·
STREET ADDRESS	_ 780-NE 69TH STREET; #2310_	634 Bird Rd. oval Gables FL33146			
CITY-ST-ZIP	MIAMI, FL 33138 7	2041 (Antes 1 - 22 16	A Comment of the Comm		
TITLE	D	.			
NAME	ZIMMERMAN, TODD				
STREET ADDRESS	1565 EASTWOOD AVENUE	i	•		
CITY-ST-ZIP	HIGHLAND PARK, IL 60035				
y ^{TITLE}	TD	1			
NAME	MAZZOLA, MICHAEL J	634 Bird Rd. Id Gables FL 33146			
STREET ADDRESS	780 NE 69TH STREET, #2310	of Caller El 22 Co	DO.	NOT WRITE	
CITY-ST-ZIP		TO GOTES FL 33146		,	
TITLE	CD	i	IN 7	THIS SPACE	
NAME	GELBAND, HENRY M.D.	l I			
STREET ADDRESS	181 CRANDON BLVD, UNIT 406		4		
CITY-ST-ZIP	KEY BISCAYNE, FL 33149				
RILE	D	a) . B \			
NAME	MARTIN, MICHAEL M.D.	1314 ISING IJG			
STREET ADDRESS CITY-ST-ZIP	780 NE 69TH STREET, #2310 MIAMI: FL-33138 - Cor	-34 Bird Rd. -1 Gables FL 33146			
		שיין ער ביין ליי היים ויי	* .		
TITLE NAME	D TERMOTTO, GEORGE M.D.	(1, 12, 1.12)		+	
NAME.	TERMOTTO, GEORGE MI.D.	634 Bird Rd.	***		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Corni Gubles FL33146