2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# F03000004949

Entity Name: PEDIATRICIANS INSURANCE RISK RETENTION GROUP OF AMERICA, INC.

Current Principal Place of Business:

5101 WISCONSIN AVE, NW
STE 500
WASHINGTON, DC 20016 US

New Principal Place of Business:

607 14TH STREET, N.W.
SUITE 900
WASHINGTON, DC 20005 US

Current Mailing Address:

C/O RISK SERVICES,
2233 WISCONSIN AVE NW 310
WASHINGTON, DC 20007 US

New Mailing Address:

FEI Number: 20-0167681 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSOV, EUGENE A PRES.
634 BIRD RD.
CORAL GABLES, FL 33146 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:	PD	( ) Delete
Name:	ROSOV, EUGENE A	
Address:	634 BIRD RD	
City-St-Zip:	CORAL GABLES, FL 33146 US	
Title:	D	( ) Delete
Name:	ZIMMERMAN, TODD	
Address:	1565 EASTWOOD AVENUE	
City-St-Zip:	HIGHLAND PARK, IL 60035 US	
Title:	TD	( ) Delete
Name:	MAZZOLA, MICHAEL J	
Address:	634 BIRD RD.	
City-St-Zip:	CORAL GABLES, FL 33146	
Title:	CD	( ) Delete
Name:	GELBAND, HENRY M.D.	
Address:	181 CRANDON BLVD, UNIT 406	
City-St-Zip:	KEY BISCAYNE, FL 33149	
Title:	D	( ) Delete
Name:	MARTIN, MICHAEL M.D.	
Address:	634 BIRD RD.	
City-St-Zip:	CORAL GABLES, FL 33146 US	
Title:	D	( ) Delete
Name:	TERMOTTO, GEORGE M.D.	
Address:	634 BIRD RD	
City-St-Zip:	CORAL GABLES, FL 33146 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	DEVITO, EMIL D	
Address:	23 GLEN LAKE DRIVE	
City-St-Zip:	MEDFORD, NJ 08055	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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: EUGENE A ROSOV PD 05/05/2009
Electronic Signature of Signing Officer or Director Date