

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005254

FILED
Mar 03, 2010
Secretary of State

Entity Name: EMERGENCY MEDICINE PROFESSIONAL ASSURANCE COMPANY RISK RETENTION GROUP

Current Principal Place of Business:

5430 W SAHARA AVE
LAS VEGAS, NV 89146

New Principal Place of Business:

Current Mailing Address:

C/O RISK SERVICES 1800 SECOND ST
SUITE 909
SARASOTA, FL 34236

New Mailing Address:

C/O RISK SERVICES
P.O. BOX 2100
MONTPELIER, VT 05601

FEI Number: 20-1141933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERCIRA, LYNN
200 E ROBINSON ST SUITE 1180
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

WILLIAMS, TOBEY MD
200 E ROBINSON ST SUITE 1180
ORLANDO, FL 32801 US

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: TOBEY WILLIAMS, MD

03/03/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: WILLIAMS, TOBEY MD
Address: 200 E ROBINSON ST. SUITE 1180
City-St-Zip: ORLANDO, FL 32801

Title: DS
Name: WILLIAMS, DARYL L
Address: 200 E ROBINSON ST. SUITE 1180
City-St-Zip: ORLANDO, FL 32801

Title: AS
Name: GREGORY, COOK
Address: P.O. BOX 2100
City-St-Zip: MONTPELIER, VT 05601

Title: DCP
Name: BETZELOS, SCOTT MD
Address: 5757 N LINCOLN AVE STE 27
City-St-Zip: CHICAGO, IL 60659

Title: D
Name: ALLEN, AMY
Address: 5430 W SAHARA AVE
City-St-Zip: LAS VEGAS, NV 89146

Title: DT
Name: ROGERS, MICHAEL T
Address: 1800 SECOND ST 909
City-St-Zip: SARASOTA, FL 34236

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: GREGORY COOK

AS

03/03/2010

Electronic Signature of Signing Officer or Director

Date