

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2007 8:00 am
Secretary of State

07-20-2007 90017 050 ***558.75

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1. Entity Name
HEALTH CARE CASUALTY RISK RETENTION GROUP, INC.

Principal Place of Business Mailing Address
3510 WHITEHAVEN PARKWAY, N.W. 8600 W. BRYN MAWR, SUITE 120-N
WASHINGTON, DC 20007 CHICAGO, IL 60631

40160101



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

07022007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-1994595 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HUDSON, EDWIN R C/O HENRY, BUCHANAN, ET AL 117 SOUTH GADSDEN STREET TALLAHASSEE, FL 32301				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PCD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCCORMICK, TIMOTHY			NAME	LESLIE HIRSCH		
STREET ADDRESS	89 GENESSE STREET			STREET ADDRESS	1401 FOUCHER ST.		
CITY-ST-ZIP	ROCHESTER, NY 14611			CITY-ST-ZIP	NEW ORLEANS, LA 70115		
TITLE	S	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SINCLAIR, WAYNE A			NAME	R. TIMOTHY RICE		
STREET ADDRESS	3510 WHITEHAVEN PARKWAY, N.W.			STREET ADDRESS	1200 NORTH ELM ST.		
CITY-ST-ZIP	WASHINGTON, DC 20007			CITY-ST-ZIP	GREENSBORO, NC 27401-1020		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERMAN, JOSEPH			NAME			
STREET ADDRESS	8600 W. BRYN MAWR - SUITE 120-N			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, IL 60631			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEANS, MICHAEL			NAME			
STREET ADDRESS	6459 S. U.S. HWY 1			STREET ADDRESS			
CITY-ST-ZIP	ROCKLEDGE, FL 32955			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'BRYANT, G. MARK			NAME			
STREET ADDRESS	1300 MICCOSUKEE RD			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32308			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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.

SIGNATURE: Joseph Herman **JOSEPH HERMAN** 7/2/07 773 864-8280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #