


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # F05000000805
 1. Entity Name
HEALTH CARE CASUALTY RISK RETENTION GROUP, INC.



Principal Place of Business
 3510 WHITEHAVEN PARKWAY, N.W.
 WASHINGTON, DC 20007

Mailing Address
 8600 W. BRYN MAWR, SUITE 120-N
 CHICAGO, IL 60631

DO NOT WRITE IN THIS SPACE



04102008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1994595	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HUDSON, EDWIN R
 C/O HENRY, BUCHANAN, ET AL
 117 SOUTH GADSDEN STREET
 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	MCCORMICK, TIMOTHY
STREET ADDRESS	89 GENESSE STREET
CITY-ST-ZIP	ROCHESTER, NY 14611
TITLE	S
NAME	SINCLAIR, WAYNE A
STREET ADDRESS	3510 WHITEHAVEN PARKWAY, N.W.
CITY-ST-ZIP	WASHINGTON, DC 20007
TITLE	T
NAME	HERMAN, JOSEPH
STREET ADDRESS	8600 W. BRYN MAWR - SUITE 120-N
CITY-ST-ZIP	CHICAGO, IL 60631
TITLE	D
NAME	MEANS, MICHAEL
STREET ADDRESS	6459 S. U.S. HWY 1
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	D
NAME	O'BRYANT, G. MARK
STREET ADDRESS	1300 MICCOSUKEE RD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	HIRSCH, LESLIE
STREET ADDRESS	1401 FOUCHER ST
CITY-ST-ZIP	NEW ORLEANS, LA 70115

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 04/25/08-80037-006 158.75

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** 4/10/08 73864-8280
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #