

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000805

FILED
Mar 09, 2009
Secretary of State

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

Current Principal Place of Business:

3510 WHITEHAVEN PARKWAY, N.W.
WASHINGTON, DC 20007

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-1994595 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUDSON, EDWIN R
C/O HENRY, BUCHANAN, ET AL
117 SOUTH GADSDEN STREET
TALLAHASSEE, FL 32301 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: PCD () Delete
Name: MCCORMICK, TIMOTHY
Address: 89 GENESSE STREET
City-St-Zip: ROCHESTER, NY 14611

Title: S () Delete
Name: SINCLAIR, WAYNE A
Address: 3510 WHITEHAVEN PARKWAY, N.W.
City-St-Zip: WASHINGTON, DC 20007

Title: T () Delete
Name: HERMAN, JOSEPH
Address: 8600 W. BRYN MAWR - SUITE 120-N
City-St-Zip: CHICAGO, IL 60631

Title: D () Delete
Name: MEANS, MICHAEL
Address: 6459 S. U.S. HWY 1
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: O'BRYANT, G. MARK
Address: 1300 MICCOSUKEE RD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: HIRSCH, LESLIE
Address: 1401 FOUCHER ST
City-St-Zip: NEW ORLEANS, LA 70115

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FICKEN, ROBERT
Address: 1401 FOUCHER ST
City-St-Zip: NEW ORLEANS, LA 70115

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: JOSEPH R. HERMAN

T

03/09/2009

Electronic Signature of Signing Officer or Director

_____ Date