

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000805

FILED  
Feb 15, 2010  
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  
Name: RICE, R T  
Address: 1200 NORTH ELM STREET  
City-St-Zip: GREENSBORO, NC 27401

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

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

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

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

Title: D  
Name: MONTGOMERY, JAMES  
Address: 1401 FOUCHER ST  
City-St-Zip: NEW ORLEANS, LA 70115

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: JOSEPH R HERMAN

T

02/15/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date