

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 01, 2011
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:

8725 WEST HIGGINS ROAD, SUITE 810
CHICAGO, IL 60631

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

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: 8725 WEST HIGGINS ROAD - SUITE 810
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

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 HERMAN

TREA

02/01/2011

Electronic Signature of Signing Officer or Director

_____ Date