

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006854

FILED
Feb 07, 2006
Secretary of State

Entity Name: ADVANCED PHYSICIANS INSURANCE RISK RETENTION GROUP, INC.

Current Principal Place of Business:

1229 N. NORTH BRANCH ST. STE 108
CHICAGO, IL 60622

New Principal Place of Business:

Current Mailing Address:

1229 N. NORTH BRANCH ST. STE 108
CHICAGO, IL 60622

New Mailing Address:

FEI Number: 20-1095828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
SUITE E, 733 4TH AVE. NORTH
NAPLES, FL 34102 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: PD () Delete
Name: AJIRI, DIKE HAROLD
Address: 1229 N. NORTH BRANCH ST. STE 210
City-St-Zip: CHICAGO, IL 60622

Title: SD () Delete
Name: AJIRI, RILEE ELLEN
Address: 1229 N. NORTH BRANCH ST. STE 210
City-St-Zip: CHICAGO, IL 60622

Title: D () Delete
Name: EDISON, THOMAS ROBERT JR.
Address: 530 SIERRA PLACE #5
City-St-Zip: EL SEGUNDO, CA 91245

Title: TD () Delete
Name: UGOCHUKU, OBINNA
Address: 2020 PENNSYLVANIA AVE. NW STE 399
City-St-Zip: WASHINGTON, DC 20006

Title: D () Delete
Name: KADZIELAWSKI, ROBERT JEROME
Address: 4411 NORTH 19TH AVE.
City-St-Zip: PHOENIX, AZ 85015

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: DIKE AJIRI

PD

02/07/2006

Electronic Signature of Signing Officer or Director

Date