

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006854

FILED
Jan 13, 2010
Secretary of State

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

Current Principal Place of Business:

1229 N. NORTH BRANCH ST
206
CHICAGO, IL 60642

New Principal Place of Business:

Current Mailing Address:

1229 N. NORTH BRANCH ST
206
CHICAGO, IL 60642

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.
300 FIFTH AVENUE SOUTH
SUITE 101-330
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: PRES
Name: AJIRI, DIKE HAROLD
Address: 1229 N. NORTH BRANCH ST. STE 206
City-St-Zip: CHICAGO, IL 60642

Title: SD
Name: AJIRI, RILEE ELLEN
Address: 1229 N. NORTH BRANCH ST. STE 206
City-St-Zip: CHICAGO, IL 60642

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

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: DIKE AJIRI

PRES

01/13/2010

Electronic Signature of Signing Officer or Director

Date