2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2011
Secretary of State

DOCUMENT# F05000006854

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:

1229 N. NORTH BRANCH ST
210
CHICAGO, IL 60642

Current Mailing Address:

1229 N. NORTH BRANCH ST
206
CHICAGO, IL 60642

New Mailing Address:

1229 N. NORTH BRANCH ST
210
CHICAGO, IL 60642

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

OFFICERS AND DIRECTORS:

Title: PRES
Name: AJIRI, DIKE HAROLD
Address: 1229 N. NORTH BRANCH ST. STE 210
City-St-Zip: CHICAGO, IL 60642

Title: DIR
Name: AJIRI, RILEE ELLEN
Address: 1229 N. NORTH BRANCH ST. STE 210
City-St-Zip: CHICAGO, IL 60642

Title: CM
Name: PETROWSKI, GREG
Address: 2700 N. THIRD STREET, SUITE 3050
City-St-Zip: PHOENIX, AZ 85004

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 04/06/2011

Electronic Signature of Signing Officer or Director — Date