2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# F06000003236

Entity Name: SAMARITAN RISK RETENTION GROUP, INC.

Current Principal Place of Business:

7301 RIVERS AVENUE, SUITE 230
N. CHARLESTON, SC 29406

New Principal Place of Business:

Current Mailing Address:

7301 RIVERS AVENUE, SUITE 230
N. CHARLESTON, SC 29406

New Mailing Address:

FEI Number: 20-3433505 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRIEDMAN, DAVID
6855 RED ROAD, SUITE 500
CORAL GABLES, FL 33143 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: LAWSON, RALPH E
Address: 6855 RED ROAD, SUITE 600
City-St-Zip: CORAL GABLES, FL 33143

Title: D ( ) Delete
Name: MEETZE, ROBERT
Address: 7301 RIVERS AVENUE, SUITE 230
City-St-Zip: N. CHARLESTON, SC 29406

Title: V ( ) Delete
Name: GREENLEAF, WENDY
Address: 6855 RED ROAD, SUITE 600
City-St-Zip: CORAL GABLES, FL 33143

Title: T ( ) Delete
Name: ZAWODNY, YVONNE
Address: 1500 MONZA
City-St-Zip: CORAL GABLES, FL 33143

Title: S ( ) Delete
Name: QUINTERO, SUZZANNE T
Address: 6855 RED ROAD, SUITE 200
City-St-Zip: CORAL GABLES, FL 33143

Title: T ( ) Delete
Name: FRUM, DAVID
Address: 6855 RED ROAD SUITE 200
City-St-Zip: CORAL GABLES, FL 33143

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SUZZANNE THOMSON-QUINTERO SECR 06/24/2009

Electronic Signature of Signing Officer or Director Date