

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F06000006374

FILED
Dec 05, 2008
Secretary of State**Entity Name:** PHYSICIANS INDEMNITY RISK RETENTION GROUP, INC.**Current Principal Place of Business:**770 PILOT ROAD, STE I
LAS VEGAS, NV 89119**New Principal Place of Business:****Current Mailing Address:**770 PILOT ROAD, STE I
LAS VEGAS, NV 89119**New Mailing Address:****FEI Number:** 20-5245060**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RISK MANAGEMENT CENTER, INC
2300 PALM BEACH LAKES BLVD, SUITE 304
WEST PALM BEACH, FL 33409 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: CV () Delete
Name: VIJAYANAGER, RAGHAVENDRA DR
Address: 278 S MOON AVE
City-St-Zip: BRANDON, FL 33511

Title: VCS () Delete
Name: PAGIDIPATI, RUDDRAMA DR
Address: 2955 S.E. 3RD COURT
City-St-Zip: OCALA, FL 33471

Title: DP () Delete
Name: KENT, KRISTON DR
Address: 6371 HUNTERS RUN ROAD
City-St-Zip: NAPLES, FL 34109

Title: DT () Delete
Name: NAIK, RAJANKUMAR
Address: 407 ST ANDREWS DRIVE
City-St-Zip: BELLEAIR, FL 33756

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: DT (X) Change () Addition
Name: NAIK, RAJANKUMAR DR
Address: 407 ST ANDREWS DRIVE
City-St-Zip: BELLEAIR, FL 33756

Title: D () Change (X) Addition
Name: CLINE, ROBERT DR
Address: 5601 N. DIXIE HIGHWAY, SUITE 209
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: D () Change (X) Addition
Name: HALL, TED
Address: 770 PILOT ROAD, SUITE1
City-St-Zip: LAS VEGAS, NV 89119

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: R. NAIK

DT

12/05/2008

Electronic Signature of Signing Officer or Director

Date