

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006374

FILED
Mar 17, 2011
Secretary of State

Entity Name: PHYSICIANS INDEMNITY RISK RETENTION GROUP, INC.

Current Principal Place of Business:

7890 PETERS ROAD, SUITE 106
PLANTATION, FL 33324

New Principal Place of Business:

7890 PETERS ROAD
BUILDING G, SUITE 106
PLANTATION, FL 33324

Current Mailing Address:

7890 PETERS ROAD, SUITE 106
PLANTATION, FL 33324

New Mailing Address:

7890 PETERS ROAD
BUILDING G, SUITE 106
PLANTATION, FL 33324

FEI Number: 20-5245060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

YOUR CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET
1
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

KLUGD, DESIREE L
7890 PETERS ROAD
BUILDING G, SUITE 106
PLANTATION, FL 33324 US

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: STEVE ADLER

03/17/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C
Name: CLINE, ROBERT DR
Address: 5601 NORTH DIXIE HIGHWAY, SUITE 209
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: VP
Name: HOLCOMB, DAVID DR
Address: 1 SOUTH SCHOOL AVENUE, SUITE 800
City-St-Zip: SARASOTA, FL 34237

Title: P
Name: KENT, KRISTON DR
Address: 1660 MEDICAL BOULEVARD
City-St-Zip: NAPLES, FL 34110

Title: T
Name: NAIK, RAJANKUMAR DR
Address: 1100 SOUTH FORT HARRISON AVENUE
City-St-Zip: CLEARWATER, FL 33756

Title: CEO
Name: ADLER, STEVE
Address: 9300 NW 14TH STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: CM
Name: WACK, KIM
Address: 1850 N. CENTRAL AVENUE, SUITE 1700
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: STEVE ADLER

CEO

03/17/2011

Electronic Signature of Signing Officer or Director

Date