

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002502

FILED  
Jun 25, 2009  
Secretary of State

**Entity Name:** PCH MUTUAL INSURANCE COMPANY, INC., A RISK RETENTION GROUP

**Current Principal Place of Business:**

5101 WISCONSIN AVENUE, N.W., SUITE 500  
WASHINGTON, DC 20016

**New Principal Place of Business:**

607 14TH STREET, NW, SUITE 900  
WASHINGTON, DC 20005

**Current Mailing Address:**

C/O RISK SERVICES  
1800 SECOND STREET, SUITE 909  
SARASOTA, FL 34236

**New Mailing Address:**

**FEI Number:** 20-1065673      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROGERS, MICHAEL T  
1800 SECOND STREET, SUITE 909  
SARASOTA, FL 34236 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: DP ( ) Delete  
Name: BLUMENFELD, EDGAR  
Address: 134 N. LASAUE STREET  
City-St-Zip: CHICAGO, IL 60602

Title: D ( ) Delete  
Name: HARVEY, MATT  
Address: ONE WINDSOR WAY  
City-St-Zip: PITTSBURGH, PA 15237

Title: DS ( ) Delete  
Name: RANDALL, CHRISTOPHER  
Address: 300 WHITE OAK ROAD  
City-St-Zip: LAWTON, MI 49065

Title: D ( ) Delete  
Name: HARVEY, LYNN  
Address: ONE WINDSOR WAY  
City-St-Zip: PITTSBURGH, PA 15237

Title: V ( ) Delete  
Name: SOUTHERLAND, BILL  
Address: 2727 HAVEN DRIVE  
City-St-Zip: EAGLE, ID 83616

Title: T ( ) Delete  
Name: GOLLA, BERT  
Address: P.O. BOX TT371  
City-St-Zip: SEATTLE, WA 98155

**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: D (X) Change ( ) Addition  
Name: FIRFER, RAYMOND  
Address: 209 RIVERSHIRE LANE  
City-St-Zip: LINCOLNSHIRE, IL 60069

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: TERESA MATTHEWS

AM

06/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date