

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000002785

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** INDEMNITY INSURANCE CORPORATION OF DC, RISK RETENTION GROUP

**Current Principal Place of Business:**

950 RIDGEBROOK RD SUITE 1500  
SPARKS, MD 21152

**New Principal Place of Business:**

**Current Mailing Address:**

950 RIDGEBROOK RD SUITE 1500  
SPARKS, MD 21152

**New Mailing Address:**

**FEI Number:** 20-1224592

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNITED CORPORATE SERVICES, INC.  
9200S DADELAND BLVD SUITE 508  
MIAMI, FL 33156 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: CPT  
Name: COHEN, JEFFREY B  
Address: 950 RIDGEBROOK RD SUITE 1500  
City-St-Zip: SPARKS, MD 21152

Title: CTRLR  
Name: EVANGELIA, PIOTROWSKI  
Address: 950 RIDGEBROOK RD SUITE 1500  
City-St-Zip: SPARKS, MD 21152

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: JEFFREY COHEN

CPT

03/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date