

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004712

FILED
Mar 19, 2012
Secretary of State

Entity Name: OBSTETRICIANS & GYNECOLOGISTS RISK RETENTION GROUP OF AMERICA, INC.

Current Principal Place of Business:

27 NORTH 27TH STREET
SUITE 1900
BILLINGS, MT 59103

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

C/O RISK SERVICES, LLC
1605 MAIN STREET, SUITE 800
SARASOTA, FL 34236

FEI Number: 76-0844424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSOV, EUGENE
634 BIRD ROAD
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

ROGERS, MICHAEL T
1605 MAIN STREET, SUITE 800
SARASOTA, FL 34236 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: MICHAEL T. ROGERS

03/19/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MARTIN, MICHAEL MD
Address: 2 PACHECO STREET
City-St-Zip: SAN FRANCISCO, CA 94116

Title: D
Name: DURAND, ROBERT
Address: 27 NORTH 27TH STREET, SUITE 1900
City-St-Zip: BILLINGS, MT 59103

Title: S
Name: CUNNINGHAM, ANDREW
Address: 2332 GALIANO STREET, SUITE 201
City-St-Zip: CORAL GABLES, FL 33134

Title: D
Name: SCHULZE, RUTH J MD
Address: 18 OAK DRIVE
City-St-Zip: UPPER SADDLE RIVER, NJ 07458

Title: D
Name: THEOCHARIDES, THOMAS MD
Address: 16 SHADY TREE LANE
City-St-Zip: COLTS NECK, NJ 07722

Title: AT
Name: WINCH, B. TROY
Address: 1605 MAIN STREET, SUITE 800
City-St-Zip: SARASOTA, FL 34236

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: B. TROY WINCH

AT

03/19/2012

Electronic Signature of Signing Officer or Director

Date