

2012 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 24, 2012
Secretary of State

Entity Name: CHC CASUALTY RISK RETENTION GROUP, INC.

Current Principal Place of Business:

100 BANK ST
SUITE 610
BURLINGTON, VT 05401 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 530
BURLINGTON, VT 054020530 US

New Mailing Address:

FEI Number: 02-0639951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: DP
Name: WEINBERG, JONATHAN D
Address: 6720-B ROCKLEDGE DR SUITE 800
City-St-Zip: BETHESDA, MD 20817 US

Title: DVPS
Name: BENJAMIN, SUSAN M
Address: 6705 ROCKLEDGE DR SUITE 900
City-St-Zip: BETHESDA, MD 20817 US

Title: DT
Name: RUHLMANN, JOHN J
Address: 6720-B ROCKLEDGE DR SUITE 800
City-St-Zip: BETHESDA, MD 20817 US

Title: DVPS
Name: TUOZZO, MELINDA L
Address: 6705 ROCKLEDGE DR SUITE 900
City-St-Zip: BETHESDA, MD 20817 US

Title: D
Name: BELYEW, KRISTIN C
Address: 2801 SLATER ROAD SUITE 200
City-St-Zip: MORRISVILLE, NC 27560 US

Title: DAS
Name: WATERFALL, MARCY
Address: 100 BANK ST
City-St-Zip: BURLINGTON, VT 05401 US

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: MARCY WATERFALL

AS

02/24/2012

Electronic Signature of Signing Officer or Director

Date