

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000003421

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** UV INSURANCE RISK RETENTION GROUP, INC.

**Current Principal Place of Business:**

201 MERCHANT ST SUITE 2400  
HONOLULU, HI 96813

**New Principal Place of Business:**

**Current Mailing Address:**

201 MERCHANT ST SUITE 2400  
HONOLULU, HI 96813

**New Mailing Address:**

**FEI Number:** 27-4132922

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAYNES, WILLIAM A  
13901 SUTTON PARK DR S BLDG C SUITE 360  
JACKSONVILLE, FL 32224 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:** DPT  
**Name:** HOFFMANN, HOWARD  
**Address:** 365 OXFORD RD  
**City-St-Zip:** NEW ROCHELLE, NY 10804

**Title:** DVPS  
**Name:** SOUTHERST, MARK E  
**Address:** 200 CORPORATE BLVD SUITE 104  
**City-St-Zip:** LAFAYETTE, LA 70508

**Title:** DAS  
**Name:** KAMAKA, CHRISTINA  
**Address:** 201 MERCHANT ST SUITE 2400  
**City-St-Zip:** HONOLULU, HI 96813

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:** CHRISTINA KAMAKA

AS

05/01/2012

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

\_\_\_\_\_  
Date