

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000003712

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** MCIC VERMONT, INC. (A RICK RETENTION GROUP)

**Current Principal Place of Business:**

AON INSURANCE MANAGERS (USA), INC.  
76 ST. PAUL ST. SUITE 500  
BURLINGTON, CT 05401

**New Principal Place of Business:**

**Current Mailing Address:**

14 WALL STREET  
NEW YORK, NY 10005

**New Mailing Address:**

**FEI Number:** 03-0354178

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 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: P  
Name: SMITH, CHRISTOPHER D  
Address: 900 ASHWOOD PKWY SUITE 400  
City-St-Zip: ATLANTA, GA 30038

Title: VP  
Name: CHEIJ, ABRAHAM  
Address: 900 ASHWOOD PKWY SUITE 400  
City-St-Zip: ATLANTA, GA 30038

Title: S  
Name: JOHNSON, JEFFREY  
Address: 150 S CHAMPLAIN ST PO BOX 1489  
City-St-Zip: BURLINGTON, VT 054021489

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: IAN SHRANK

SVP

01/04/2012

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

\_\_\_\_\_  
Date