

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000005111

FILED
Jan 18, 2012
Secretary of State

Entity Name: NCMIC RISK RETENTION GROUP, INC.

Current Principal Place of Business:

148 COLLEGE ST, #204
BURLINGTON, VT 05401

New Principal Place of Business:

Current Mailing Address:

14001 UNIVERSITY AVE
CLIVE, IA 50325

New Mailing Address:

FEI Number: 45-2990036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 EAST 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: OD
Name: ANDERSON, JACQUELINE L
Address: 14001 UNIVERSITY AVE
City-St-Zip: CLIVE, IA 50325

Title: OD
Name: MCNERNEY, PATRICK E
Address: 14001 UNIVERSITY AVE
City-St-Zip: CLIVE, IA 50325

Title: OD
Name: SCHLUETER, ROGER L
Address: 14001 UNIVERSITY AVE
City-St-Zip: CLIVE, IA 50325

Title: D
Name: SPORTELLI, LOUIS
Address: 14001 UNIVERSITY AVE
City-St-Zip: CLIVE, IA 50325

Title: D
Name: YOUNG, RUSSELL A
Address: 14001 UNIVERSITY AVE
City-St-Zip: CLIVE, IA 50325

Title: D
Name: WOLFSON, WAYNE C
Address: 14001 UNIVERSITY AVE
City-St-Zip: CLIVE, IA 50325

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: JACQUELINE ANDERSON

OD

01/18/2012

Electronic Signature of Signing Officer or Director

Date