

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 9:24

DOCUMENT # **P29219** (3)

1. Corporation Name  
**HOSPITAL LIABILITY RISK RETENTION GROUP, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**Aon Risk Services**  
~~ROLLING HUBS C/O MAIL~~  
ONE LAWSON LANE  
BURLINGTON VT 05401  
US

Mailing Address  
**Aon Risk Services**  
~~ROLLING HUBS C/O MAIL~~  
ONE LAWSON LANE  
BURLINGTON VT 05401  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/07/1990** 3a. Date of Last Report **04/01/1994**

4. FEI Number **03-0323290** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **C/O AON RISK SERVICES** 26 **C/O AON RISK SERVICES**

22 City & State 27 City & State

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P O Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0503 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations under Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and the filer) \_\_\_\_\_

(NOTE: Registered Agent signature required when recording.) \_\_\_\_\_

Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>STD</b>
NAME	<b>ZUBKOFF, BARBARA</b>
STREET ADDRESS	<b>630 ALTON ROAD</b>
CITY, ST, ZIP	<b>MIAMI BEACH FL</b>
TITLE	<b>PD</b>
NAME	<b>BAILEY, CHANDLER</b>
STREET ADDRESS	<b>5757 BLUE LAGOON #235</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	<b>CD</b>
NAME	<b>SCHACK, STUART</b>
STREET ADDRESS	<b>6125 SW 31ST STREET</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b>
NAME	<b>BRACKIN, DONALD WAYNE</b>
STREET ADDRESS	<b>160 NW 13TH STREET</b>
CITY, ST, ZIP	<b>HOMESTEAD FL</b>
TITLE	<b>VCD</b>
NAME	<b>FREIDEWALD, DON</b>
STREET ADDRESS	<b>1100 NW 95TH STREET</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b>
NAME	<b>HARTLEY, BRODES JR.</b>
STREET ADDRESS	<b>7800 SW 170 ST.</b>
CITY, ST, ZIP	<b>MIAMI FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>BROWN, BEN</b>	
13 STREET ADDRESS	<b>214 LAKEVIEW ST</b>	
14 CITY, ST, ZIP	<b>UMATILLA FL</b>	
21 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>KIRBY, JOHN</b>	
23 STREET ADDRESS	<b>7664 SO WEST 147TH TERRACE</b>	
24 CITY, ST, ZIP	<b>MIAMI-FL</b>	
31 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>MURPHY, JOHN</b>	
33 STREET ADDRESS	<b>HOLIDAY HILL FARM</b>	
34 CITY, ST, ZIP	<b>CRAFTSBURY COMMON VT</b>	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that it fully and truthfully complies with the requirements stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 liquidator appointed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, checked, or in an attachment to this filing.

SIGNATURE:

*Chandler Bailey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 (305) 264-8838  
Date (month/year) Phone Number