

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**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State
23 28

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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