

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000030253

**Entity Name:** WRI EMPLOYERS INSURANCE, INC.

**Current Principal Place of Business:**

2054 VISTA PARKWAY STE 300  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

2054 VISTA PARKWAY STE 300  
WEST PALM BEACH, FL 33411 US

**FEI Number:** 65-0927588

**Certificate of Status Desired:** No

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

TERRY MAYOTTE  
2054 VISTAPARKWAY STE 300  
WEST PALM BEACH, FL 33411 US

*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:** TERRY MAYOTTE

04/21/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT / CEO / SECRETARY /  
                    DIRECTOR  
Name            PERLBERG, MARK C  
Address        2054 VISTA PARKWAY STE 300  
City-State-Zip: WEST PALM BEACH FL 33411

Title            CFO / TREASURER / DIRECTOR  
Name            MAYOTTE, TERRY P  
Address        2054 VISTA PARKWAY  
City-State-Zip: WEST PALM BEACH FL 33411

*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:** TERRY MAYOTTE

TREASURER

04/21/2017

Electronic Signature of Signing Officer/Director Detail

Date