

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000004915

**Entity Name:** NASW RISK RETENTION GROUP, INC.**Current Principal Place of Business:**1401 EYE STREET  
SUITE 600  
WASHINGTON, DC 20005**Current Mailing Address:**8000 E MAPLEWOOD AVENUE  
SUITE 350  
GREENWOOD VILLAGE, CO 80111 US**FEI Number:** 45-5581834**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MONAHAN, JOSEPH  
Address 55 W MONROE ST SUITE 3700  
City-State-Zip: CHICAGO IL 60603

Title SECRETARY, DIRECTOR  
Name MILLER, JEFFREY CHARLES  
Address 847 W LILL AVE  
City-State-Zip: CHICAGO IL 60614

Title CEO, DIRECTOR  
Name BENEDETTO, TONY  
Address 50 CITIZENS WAY SUITE 304  
City-State-Zip: FREDERICK MD 21701

Title TREASURER, DIRECTOR  
Name REYES, DEBORAH  
Address 2655 S LEJEUNE RD PENTHOUSE I-K  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name SHAHER, AHMED  
Address 1699 KING STREET  
SUITE 300  
City-State-Zip: ENFIELD CT 06082

Title ASST. SECRETARY  
Name HAMMOND, STACY  
Address 50 CITIZENS WAY  
SUITE 304  
City-State-Zip: FREDERICK MD 21701

Title ASST. SECRETARY  
Name MALADY, HELEN  
Address 50 CITIZENS WAY  
SUITE 304  
City-State-Zip: FREDERICK MD 21701

Title PRESIDENT, DIRECTOR  
Name JONES, RICHARD L PHD  
Address 13900 SHAKER BLVD.  
APT 816  
City-State-Zip: CLEVELAND OH 44120

**Continues on page 2**

*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: LEONARD CLAPP****CFO****02/14/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MCCARTY, DAVID H.  
Address 16480 64TH PL. N.  
City-State-Zip: MAPLE GROVE MN 55311

Title DIRECTOR, ASST. TREASURER  
Name CAMPBELL, DAVID A  
Address 707 DIMMOCK HILL ROAD  
City-State-Zip: BINGHAMTOM NY 13905

Title DIRECTOR  
Name CAUBLE, ALMA ELIZABETH  
Address 3435 TREESMILL DR  
City-State-Zip: MANHATTAN KS 66503

Title CFO  
Name CLAPP, LEONARD  
Address 50 CITIZENS WAY, STE 304  
City-State-Zip: FREDERICK MD 21701

Title ASST. SECRETARY  
Name BRANAMAN, LUCINDA  
Address 50 CITIZENS WAY  
SUITE 304  
City-State-Zip: FREDERICK MD 21701