

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000004757

**Entity Name:** PARK WOOD RISK RETENTION GROUP, INC.

**Current Principal Place of Business:**

445 DEXTER AVENUE, STE. 9075  
MONTGOMERY, AL 36104

**Current Mailing Address:**

445 DEXTER AVENUE, STE. 9075  
MONTGOMERY, AL 36104 US

**FEI Number:** 83-2796853

**Certificate of Status Desired:** No

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

FLORIDA CHIEF FINANCIAL OFFICER  
FLOIR, 200 EAST GAINES STREET  
TALLAHASSEE, FL 32399 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 D/P  
Name SANDERS, CRAIG  
Address 4514 COLE AVE, SUITE 1175  
City-State-Zip: DALLAS TX 75205

Title VP  
Name EBLEN, DAVID  
Address 370 MOUNTAIN VIEW ROAD  
City-State-Zip: SPRINGVILLE AL 35146

Title T  
Name WINCH, TROY  
Address 1605 MAIN STREET, STE. 800  
City-State-Zip: SARASOTA FL 34236

Title S  
Name MILLS, DAN  
Address 2600 NORTH CENTRAL  
EXPRESSWAY, SUITE 600  
City-State-Zip: RICHARDSON TX 75080

Title D  
Name HUGHES, DOUGLAS B  
Address 949 MOUNTAIN BRANCH DRIVE  
City-State-Zip: VESTAVIA AL 35226

Title D  
Name CURTIN, PETER  
Address ONE METROPLEX DR., SUITE 400  
City-State-Zip: BIRMINGHAM AL 35209

*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:** TROY WINCH

**TREASURER**

**04/27/2022**

Electronic Signature of Signing Officer/Director Detail

Date