

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000002425

**Entity Name:** SECURENT RISK RETENTION GROUP, INC.

**Current Principal Place of Business:**

445 DEXTER AVE, STE 9075  
MONTGOMERY, AL 36104

**Current Mailing Address:**

1605 MAIN STREET, STE 800  
SARASOTA, FL 34236

**FEI Number:** 87-3417499

**Certificate of Status Desired:** No

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

FLORIDA CHIEF FINANCIAL OFFICER  
FLOIR, 200 EAST GAINES ST  
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            PRESIDENT  
Name            VEDDER, JUSTIN  
Address        150 E 52ND ST, STE 4002  
City-State-Zip: NEW YORK NY 10022

Title            DR  
Name            WALLACE, LISA  
Address        150 E 52ND STREET, STE 4002  
City-State-Zip: NEW YORK NY 10022

Title            DRCE  
Name            FRANCO, MICHAEL  
Address        150 DEXTER AVE, STE 9075  
City-State-Zip: MONTGOMERY AL 36104

Title            DIR  
Name            CHICHESTER, RICHARD  
Address        5065 WESTHEIMER, STE 700E  
City-State-Zip: HOUSTON TX 77056

Title            DIR  
Name            HUGHES, DOUGLAS BRYAN  
Address        949 MOUNTAIN BRANCH DR  
City-State-Zip: VESTAVIA AL 35226

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

*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:** BRIAN TROY WINCH

**SECRETARY**

**04/17/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date