

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 15, 2013
Secretary of State
CC4705180451

Entity Name: HEALTHCARE SAFETY & PROTECTION RISK RETENTION GROUP, INC.

Current Principal Place of Business:

KANE (USA) INC.
1180 SAM RITTENBERG BLVD. SUITE 235
CHARLESTON, SC 29407

Current Mailing Address:

KANE (USA) INC.
1180 SAM RITTENBERG BLVD. SUITE 235
CHARLESTON, SC 29407

FEI Number: 56-2512233

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. 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 PD
Name SIDOROV, JAAN EM.D.
Address 413 VILLAGE WAY
City-State-Zip: HARRISBURG PA 17112

Title SD
Name FRIERS, TIMOTHY J
Address 1700 BENT CREEK BLVD
City-State-Zip: MECHANICSBURG PA 17055

Title T
Name MEISEL, DENNIS A
Address 1700 BENT CREEK BLVD.
City-State-Zip: MECHANICSBURG PA 17055

Title D
Name DUNCAN, TITUS DM.D.
Address 4200 NORTHSIDE PKWY
City-State-Zip: ATLANTA GA 30327

Title D
Name ROSLIN, MITCHELL SM.D.
Address 186 EAST 76TH STREET, 1ST FLOOR
City-State-Zip: NEW YORK NY 10021

Title D
Name BYRNE, T. KARL
Address 25 COURTNEYAY DRIVE, SUITE 7100A, MSC 290
City-State-Zip: CHARLESTON SC 29425

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: DENNIS A. MEISEL

TREASURER

02/15/2013

Electronic Signature of Signing Officer/Director Detail

Date