## **2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000004346

Entity Name: BAY INSURANCE RISK RETENTION GROUP, INC.

FILED
Jul 11, 2023
Secretary of State
1711576947CC

**Current Principal Place of Business:** 

ONE POSTON ROAD, SUITE 155 CHARLESTON. FL 29407

## **Current Mailing Address:**

ONE POSTON ROAD, SUITE 155 CHARLESTON, FL 29407 US

FEI Number: 46-5756046 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 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 Title DIRECTOR, SECRETARY

Name OGDEN, RYAN Name MCAVOY, JOHN

Address ONE POSTON ROAD, SUITE 155 Address ONE POSTON ROAD, SUITE 155

City-State-Zip: CHARLESTON FL 29407 City-State-Zip: CHARLESTON FL 29407

Title DIRECTOR, PRESIDENT, TREASURER Title CORPORATE SECRETARY

Name BURNS, MICHAEL S. Name LAUGHLIN, ANNE M.

Address ONE POSTON ROAD, SUITE 155 Address ONE POSTON ROAD, SUITE 155

City-State-Zip: CHARLESTON FL 29407 City-State-Zip: CHARLESTON FL 29407

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: ANNE M. LAUGHLIN

CORPORATE SECRETARY 07/11/2023