

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000004346

**Entity Name:** BAY INSURANCE RISK RETENTION GROUP, INC.

**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  
Name           OGDEN, RYAN  
Address        ONE POSTON ROAD, SUITE 155  
City-State-Zip: CHARLESTON FL 29407

Title           DIRECTOR, SECRETARY  
Name           MCAVOY, JOHN  
Address        ONE POSTON ROAD, SUITE 155  
City-State-Zip: CHARLESTON FL 29407

Title           DIRECTOR, PRESIDENT, TREASURER  
Name           BURNS, MICHAEL S.  
Address        ONE POSTON ROAD, SUITE 155  
City-State-Zip: CHARLESTON FL 29407

Title           CORPORATE SECRETARY  
Name           LAUGHLIN, ANNE M.  
Address        ONE POSTON ROAD, SUITE 155  
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 SECRETAR   04/16/2024**

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

\_\_\_\_\_  
Date