

2016 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, SC 29407

Current Mailing Address:

ONE POSTON ROAD, SUITE 155
CHARLESTON, SC 29407

FEI Number: 46-5756046

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILCOX, JANETTE
13901 SUTTON PARK DR. S., BLDG. C, STE 360
JACKSONVILLE, FL 32224 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 CPT
Name TROY, JOSEPH
Address 4041 PARK OAKS BOULEVARD, SUITE 200
City-State-Zip: TAMPA FL 33610

Title D
Name WILSON, JOHN T
Address 4041 PARK OAKS BOULEVARD, SUITE 200
City-State-Zip: TAMPA FL 33610

Title D
Name COUTLER, MICHAEL J
Address ONE POSTON ROAD, SUITE 155
City-State-Zip: CHARLESTON SC 29407

Title S
Name MCDONALD, W. MICHAEL
Address 4041 PARK OAKS BOULEVARD, SUITE 200
City-State-Zip: TAMPA FL 33610

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: W. MICHAEL MCDONALD

SECRETARY

03/22/2016

Electronic Signature of Signing Officer/Director Detail

Date