

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000004346

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

**Current Principal Place of Business:**

146 FAIRCHILD STREET, SUITE 135  
CHARLESTON, SC 29492

**Current Mailing Address:**

146 FAIRCHILD STREET, SUITE 135  
CHARLESTON, SC 29492 US

**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 1208 E. KENNEDY BLVD., SUITE 132  
City-State-Zip: TAMPA FL 33602

Title D  
Name WILSON, JOHN T  
Address 1208 E. KENNEDY BLVD., SUITE 132  
City-State-Zip: TAMPA FL 33602

Title D  
Name COUTLER, MICHAEL J  
Address 146 FAIRCHILD STREET, SUITE 135  
City-State-Zip: CHARLESTON SC 29492

Title S, D  
Name MCAVOY, JOHN  
Address 1208 E. KENNEDY BLVD., SUITE 132  
City-State-Zip: TAMPA FL 33602

*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: JOHN T WILSON**

**DIRECTOR**

**02/12/2021**

Electronic Signature of Signing Officer/Director Detail

Date