

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000002821

**Entity Name:** APPLIED MEDICO-LEGAL SOLUTION RISK RETENTION GROUP, INC.**Current Principal Place of Business:**2555 E CAMELBACK RD SUITE 700  
PHOENIX, AZ 85016**Current Mailing Address:**MSC # 17154, AON  
PO BOX 19640  
IRVINE, CA 92623 US**FEI Number: 81-0603029****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LUQUE, TINA  
1001 BRICKELL BAY DRIVE, SUITE 1000  
MIAMI, FL 33131 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 PRESIDENT, DIRECTOR  
Name WELCH, RICHARD B  
Address 2555 E CAMELBACK RD SUITE 700  
City-State-Zip: PHOENIX AZ 85016

Title DIRECTOR, SECRETARY  
Name SHAPIRO, STEVEN M  
Address 2555 E CAMELBACK RD SUITE 700  
City-State-Zip: PHOENIX AZ 85016

Title TREASURER  
Name JOY, PETER A  
Address 2555 E CAMELBACK RD SUITE 700  
City-State-Zip: PHOENIX AZ 85016

Title DIRECTOR  
Name MCGOWAN, GREGORY E  
Address 2555 E CAMELBACK RD SUITE 700  
City-State-Zip: PHOENIX AZ 85016

Title DIRECTOR  
Name MILIZIA, LEE  
Address 2555 E CAMELBACK RD SUITE 700  
City-State-Zip: PHOENIX AZ 85016

Title DIRECTOR  
Name MOON MD, HARRY  
Address 2555 E CAMELBACK RD SUITE 700  
City-State-Zip: PHOENIX AZ 85016

Title DIRECTOR  
Name KLEINMAN MD, JOSEPH H  
Address 2555 E CAMELBACK RD SUITE 700  
City-State-Zip: PHOENIX AZ 85016

Title ASSISTANT TREASURER, CAPTIVE  
MANAGER  
Name CHRISTIE, ANDREW  
Address 2555 E CAMELBACK RD SUITE 700  
City-State-Zip: PHOENIX AZ 85016

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: PETER JOY****TREASURER****04/10/2023**

Electronic Signature of Signing Officer/Director Detail

Date