State of New Hampshire
2011 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2011

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 04/01/2011
Business ID: 562454
William M. Gardner
Secretary of State

PILGRIM RISK MANAGEMENT, LLC

695 ATLANTIC AVE
BOSTON, MA 02111

ENTITY TYPE: LLC
BUSINESS ID: 562454
STATE OF DOMICILE: MASSACHUSETTS

TO PROVIDE SERVICES, CONSULTING & BILLING SERVICES TO THE INSURANCE INDUSTRY

1

ADDRESS OF PRINCIPAL OFFICE:
695 ATLANTIC AVE
BOSTON, MA 02111

REGISTERED AGENT AND OFFICE:
MT. WASHINGTON ASSURANCE CORPORATION
GENERAL COUNSEL, 81 HALL STREET
CONCORD, NH 03301

2

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address _____

☐ The new principal office address _____

PO Box is acceptable.

3

MANAGERS — **A**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

NAME .....
STREET .....
CITY/STATE/ZIP _____
NAME .....
STREET .....
CITY/STATE/ZIP _____
NAME .....
STREET .....
CITY/STATE/ZIP _____
NAME .....
STREET .....
CITY/STATE/ZIP _____

MEMBERS — **B**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MEMB. Pilgrim Insurance Company
STREET 695 Atlantic Avenue
CITY/STATE/ZIP Boston Ma 02111
NAME .....
STREET .....
CITY/STATE/ZIP _____
NAME .....
STREET .....
CITY/STATE/ZIP _____
NAME .....
STREET .....
CITY/STATE/ZIP _____

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

4

To be signed by the manager, if no manager, must be signed by a member.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: **Julia K. O'Connor, Esq.**

Please print name and title of signer: **Julia K. O'Connor, Esq.** / **AUTHORIZED PARTY**
NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

056245420111001

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:
New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529