


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F04000004134		
1. Entity Name CIRCLE STAR INSURANCE COMPANY, A RISK RETENTION GROUP		

Principal Place of Business 3336 AIRPORT ROAD, STE. 201 BARRE, VT 05641	Mailing Address C/O RISK SERVICES 1501 WILSON BLVD., STE. 1110 ARLINGTON, VA
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**DO NOT WRITE IN THIS SPACE**



01302006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0479901	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  ROGERS, MICHAEL T 1800 SECOND ST., STE. 909 SARASOTA, FL 34236
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

DATE  
02/21/06-80047-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD SALMON, DON G 3809 ROUNDTOP N. LITTLE ROCK, AR 72117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD SALMON, TOM R 3809 ROUNDTOP N. LITTLE ROCK, AR 72117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PORT, ALAN D ESQ P.O. BOX 1307 BURLINGTON, VA 05401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSS, HEATHER 1501 WILSON BLVD., STE. 1110 ARLINGTON, VA 22209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALSTEAD-JOHNSON, CHARLES P.O. BOX 2100 MONTPELIER, VT 056012100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/06 703-812-8415  
Date Daytime Phone #