

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90031 029 ***150.00

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1. Entity Name
**CIRCLE STAR INSURANCE COMPANY, A RISK
RETENTION GROUP**



Principal Place of Business

**58 EAST LANE VIEW
SUITE 2
BARRE, VT 05641**

Mailing Address

**C/O RISK SERVICES
1501 WILSON BLVD., STE. 1110
ARLINGTON, VA**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

c/o Risk Services 2233 Wisconsin Ave., N.W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 310

City & State

City & State

Washington, D.C.

Zip

Country

Zip

20007

Country

01182008

Chg-P

CR2E034 (12/06)

4. FEI Number

20-0479901

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROGERS, MICHAEL T
1800 SECOND ST., STE. 909
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
SALMON, DON G
3809 ROUNDTOP
N. LITTLE ROCK, AR 72117** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPTD
SALMON, TOM R
3809 ROUNDTOP
N. LITTLE ROCK, AR 72117** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
PORT, ALAN D ESQ
P.O. BOX 1307
BURLINGTON, VA 05401** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ROSS, HEATHER
1501 WILSON BLVD., STE. 1110
ARLINGTON, VA 22209** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HALSTEAD-JOHNSON, CHARLES
P.O. BOX 2100
MONTPELIER, VT 056012100** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SALMON, JAMES
7680 UNIVERSAL BLVD SUITE 650
ORLANDO, FL 32819** ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CPD
SALMON, DON G
3809 ROUNDTOP
N. LITTLE ROCK, AR 72117** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ROSS, HEATHER
2233 Wisconsin Ave., N.W., Suite 310
Washington, DC 20007** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #

1/18/08 302-491-5444