

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004134

FILED
Feb 27, 2009
Secretary of State

Entity Name: CIRCLE STAR INSURANCE COMPANY, A RISK RETENTION GROUP

Current Principal Place of Business:

58 EAST LANE VIEW
SUITE 2
BARRE, VT 05641

New Principal Place of Business:

Current Mailing Address:

C/O RISK SERVICES
2233 WISCONSIN AVE, NW
WASHINGTON, DC 20007

New Mailing Address:

C/O RISK SERVICES
2233 WISCONSIN AVE, NW, SUITE 310
WASHINGTON, DC 20007

FEI Number: 20-0479901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPD () Delete
Name: SALMON, DON G
Address: 3809 ROUNDTOP
City-St-Zip: N. LITTLE ROCK, AR 72117

Title: VPTD () Delete
Name: SALMON, TOM R
Address: 3809 ROUNDTOP
City-St-Zip: N. LITTLE ROCK, AR 72117

Title: S () Delete
Name: ROSS, HEATHER
Address: 2233 WISCONSIN AVE, NW
City-St-Zip: WASHINGTON, DC 20007

Title: D () Delete
Name: HALSTEAD-JOHNSON, CHARLES
Address: P.O. BOX 2100
City-St-Zip: MONTPELIER, VT 056012100

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ROSS, HEATHER
Address: 2233 WISCONSIN AVE, NW, SUITE 310
City-St-Zip: WASHINGTON, DC 20007

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HEATHER ROSS

S

02/27/2009

Electronic Signature of Signing Officer or Director

Date