

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004134

FILED
Feb 13, 2012
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, SUITE 310
WASHINGTON, DC 20007

New Mailing Address:

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:

ROGERS, MICHAEL T
1605 MAIN STREET, SUITE 800
SARASOTA, FL 34236 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:

02/13/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

Title: D
Name: HALSTEAD-JOHNSON, CHARLES
Address: 50 EAST VIEW LANE, SUITE 2
City-St-Zip: BARRE, VT 05641

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: HEATHER ROSS

AS

02/13/2012

Electronic Signature of Signing Officer or Director

Date