


FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90163 026 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F04000004508					
1. Entity Name CONTRACTORS' LIABILITY INSURANCE COMPANY, A RISK RETENTION GROUP					
Principal Place of Business 1210 SOUTH VALLEY VIEW BOULEVARD, #114 LAS VEGAS, NV 22209			Mailing Address 1210 SOUTH VALLEY VIEW BOULEVARD, #114 LAS VEGAS, NV 22209		
2. Principal Place of Business 5430 W. Sahara Avenue		3. Mailing Address 5430 W. Sahara Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Las Vegas, NV		City & State Las Vegas, NV		4. FEI Number 27-0061490	
Zip 89146		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOLFE, RANDOLPH ESQ FOLEY & LARDNER 100 N. TAMPA ST., STE. 2700 TAMPA, FL 33602			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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C COX, KENNETH 3700 MEADE AVE. LAS VEGAS, NV 89102 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Heather Ross 1501 Wilson Blvd., Suite 1110 Arlington, VA 22209 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARKS, J.P. 6055 EMERALD AVE. LAS VEGAS, NV 89122 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PECK, JERRY 3629 W. HACIENDA AVE. LAS VEGAS, NV 89118 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GUGINO, SALVATORE 6970 O'BANNON DR, BLDG. 2 LAS VEGAS, NV 89117 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, G. WAYNE 1800 SECOND ST., STE. 909 SARASOTA, FL 34236 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHEELER, THOMAS PO BOX 80987 LAS VEGAS, NV 89180 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ Assistant Secretary 4/25/06 703-812-9425 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT

40068934
F04000009508

**CONTRACTORS LIABILITY INSURANCE COMPANY,
A RISK RETENTION GROUP**

1210 South Valley View Boulevard, Suite 114
Las Vegas, NV 89102

Via 2-Day UPS
(850) 245-6056

April 26, 2006

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

Re: Contractors Liability Insurance Company, A Risk Retention Group
NAIC Company Code: 11794; FEIN: 27-0061490

Dear Sir/Madam:

On behalf of the above-named company, enclosed please find the following:

1. 2006 For Profit Corporation Annual Report; and,
2. Check in the amount of \$150.00 in payment of the filing fee due.

I believe that this completes the filing requirement due at this time. Should you have any further questions, please don't hesitate to contact me by telephone at (703) 812-8425 or by e-mail at hross@riskservcos.com.

Sincerely,



Heather Ross
Director, Regulatory Compliance
Risk Services-Nevada, Inc.
As Managers for
Contractors Liability Insurance Company,
A Risk Retention Group

HR/ncg

Enclosures