


**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90038 002 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # F05000003677</b>					
1. Entity Name TRANSURANCE RISK RETENTION GROUP, INC.					
Principal Place of Business 2999 NORTH 44TH STREET, SUITE 250 PHOENIX, AZ 85018			Mailing Address C/O RISK SERVICES 1501 WILSON BOULEVARD, STE 1110 ARLINGTON, VA 22209		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 90-0114275	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROGERS, MICHAEL T 1800 SECOND STREET, STE 909 SARASOTA, FL 34236				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			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	PC SALMON, JAMES G 7680 UNIVERSITY BOULEVARD, SUITE 650 ORLANDO, FL 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD Salmon, James G 7680 University Blvd., Suite 650 Orlando, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROGERS, MICHAEL T 1800 SECOND STREET, SUITE 909 SARASOTA, FL	<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	S LOW, J. MICHAEL ESQ 2999 NORTH 44TH STREET, SUITE 250 PHOENIX, AZ 85018	<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	TVC SHAFFER, PAUL W 7680 UNIVERISTY BOULEVARD, SUITE 650 ORLANDO, FL 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVCD Shaffer, Paul W 7680 University Blvd., Suite 650 Orlando, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, GARY A 6070 COLLETT ROAD FARMINGTON, NY 14469	<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Ross, Heather 1501 Wilson Blvd., Suite 1110 Arlington, VA 22209	<input type="checkbox"/> Change <input checked="" 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 life empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date _____ Daytime Phone # _____		

ATTACHMENT

40013600

#F05000003677

**TRANSURANCE**  
**RISK RETENTION GROUP, INC.**

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February 8, 2006

Division of Corporations  
Annual Report Section  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re: Transurance Risk Retention Group, Inc.**  
**NAIC Company Code: 11815; NAIC Group Code: 0000; FEIN: 90-0114275**

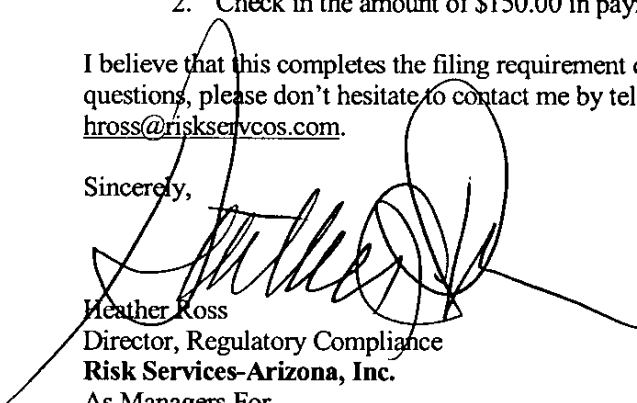
Dear Sir/Madam:

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@riskservices.com](mailto:hross@riskservices.com).

Sincerely,



Heather Ross  
Director, Regulatory Compliance  
**Risk Services-Arizona, Inc.**  
As Managers For  
**Transurance Risk Retention Group, Inc.**

HR/ncg

Enclosures