


**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90005 037 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # F05000006355</b>					
1. Entity Name <b>SPIRIT MOUNTAIN INSURANCE COMPANY RISK RETENTION GROUP, INC.</b>					
Principal Place of Business <b>5101 WISCONSIN AVENUE, N.W. WASHINGTON, DC 20016</b>			Mailing Address <b>% RISK SERVICES 1501 WILSON BOULEVARD, STE. 1110 ARLINGTON, VA 22209</b>		
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 <b>20-3011260</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ROGERS, MICHAEL T RISK SERVICES 1800 SECOND STREET, STE. 909 SARASOTA, FL 34236</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	<b>FL</b>	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<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"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS					
TITLE	PC	<input type="checkbox"/> Delete			
NAME	<b>RENZI, ROBERTA</b>				
STREET ADDRESS	<b>2063 N. RAINTREE DRIVE</b>				
CITY- ST- ZIP	<b>FLAGSTAFF, AZ 86004</b>				
TITLE	TVC	<input type="checkbox"/> Delete			
NAME	<b>LEQUIRE, DWAYNE</b>				
STREET ADDRESS	<b>12 LOS ENCINOS BOULEVARD</b>				
CITY- ST- ZIP	<b>SONOITA, AZ 85631</b>				
TITLE	S	<input type="checkbox"/> Delete			
NAME	<b>PERSCHETZ, ARTHUR ESQ.</b>				
STREET ADDRESS	<b>5101 WISCONSIN AVENUE, N.W.</b>				
CITY- ST- ZIP	<b>WASHINGTON, DC 20016</b>				
TITLE	AS	<input type="checkbox"/> Delete			
NAME	<b>ROSS, HEATHER</b>				
STREET ADDRESS	<b>1501 WILSON BOULEVARD, SUITE 1110</b>				
CITY- ST- ZIP	<b>ARLINGTON, VA 22209</b>				
TITLE	D	<input type="checkbox"/> Delete			
NAME	<b>HARKAVY, JON</b>				
STREET ADDRESS	<b>1501 WILSON BOULEVARD, SUITE 110</b>				
CITY- ST- ZIP	<b>ARLINGTON, VA 22209</b>				
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	<b>ROGERS, MICHAEL T</b>				
STREET ADDRESS	<b>1800 SECOND STREET, SUITE 909</b>				
CITY- ST- ZIP	<b>SARASOTA, FL 34236</b>				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>Renzi, Roberta</b>				
STREET ADDRESS	<b>2063 N. Raintree Drive</b>				
CITY- ST- ZIP	<b>Flagstaff, AZ 86004</b>				
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>Laquire, Dwayne</b>				
STREET ADDRESS	<b>12 Los Encinos Blvd.</b>				
CITY- ST- ZIP	<b>Sonoita, AZ 85631</b>				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: <b>2/6/06</b> Daytime Phone #: <b>703-812-8428</b>					

ATTACHMENT <sup>20006638</sup>  
#F05000006355

**SPIRIT MOUNTAIN INSURANCE COMPANY  
RISK RETENTION GROUP, INC.**

February 6, 2006

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

**Re: Spirit Mountain Insurance Company Risk Retention Group, Inc.**  
**NAIC Company Code: 10754; NAIC Group Code: 0000; FEIN: 20-3011260**  
**D.C. License No.: RRG-49-05-06**

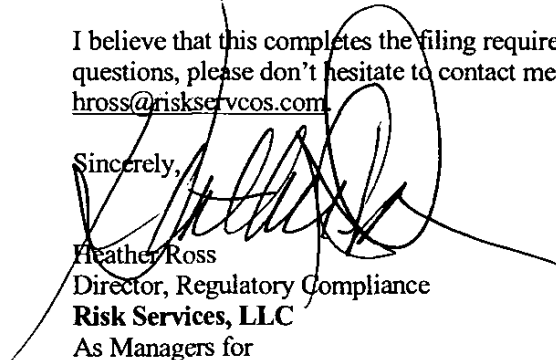
Dear Sir/Madam:

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, LLC**  
As Managers for  
**Spirit Mountain Insurance Company**  
**Risk Retention Group, Inc.**

HR/ncg

Enclosures