

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006355

FILED  
Feb 27, 2009  
Secretary of State

Entity Name: SPIRIT MOUNTAIN INSURANCE COMPANY RISK RETENTION GROUP, INC.

## Current Principal Place of Business:

5101 WISCONSIN AVENUE, N.W.  
WASHINGTON, DC 20016

## New Principal Place of Business:

607 14TH STREET, NW  
SUITE 900  
WASHINGTON, DC 20005

## Current Mailing Address:

C/O RISK SRVS.  
2233 WISCONSIN AVE NW STE310  
WASHINGTON, DC 20007

## New Mailing Address:

C/O RISK SERVICES  
2233 WISCONSIN AVE NW STE310  
WASHINGTON, DC 20007

FEI Number: 20-3011260

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROGERS, MICHAEL T  
RISK SERVICES  
1800 SECOND STREET, 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: PD ( ) Delete  
Name: RENZI, ROBERTA  
Address: 2063 N RAIN TREE DR  
City-St-Zip: FLAGSTAFF, AZ 86004

Title: TD ( ) Delete  
Name: LEQUIRE, DWAYNE  
Address: 12 LOS ENCINOS BLVD  
City-St-Zip: SONOITA, AZ 85631

Title: S ( ) Delete  
Name: PERSCHETZ, ARTHUR ESQ.  
Address: 5101 WISCONSIN AVENUE, N.W.  
City-St-Zip: WASHINGTON, DC 20016

Title: AS (X) Delete  
Name: ROSS, HEATHER  
Address: 2233 WISCONSIN AVE NW STE 310  
City-St-Zip: WASHINGTON, DC 20007

Title: D (X) Delete  
Name: HARKAVY, JON  
Address: 2233 WISCONSIN AVE NW STE 310  
City-St-Zip: WASHINGTON, DC 20007

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change ( ) Addition  
Name: HARKAVY, JON  
Address: 2233 WISCONSIN AVENUE, NW, STE. 310  
City-St-Zip: WASHINGTON, DC 20007

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

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: JON HARKAVY

DS

02/27/2009

Electronic Signature of Signing Officer or Director

Date