

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006355

FILED
Feb 13, 2012
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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:

ROGERS, MICHAEL T
RISK SERVICES
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: PD
Name: RENZI, ROBERTA
Address: 9700 BURKE VIEW CT
City-St-Zip: BURKE, VA 22015

Title: TD
Name: FITZGIBBONS, MICHAEL
Address: 8300 N HAYDEN RD, STE. A100
City-St-Zip: SCOTTSDALE, AZ 85258

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

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: JON HARKAVY

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02/13/2012

Electronic Signature of Signing Officer or Director

Date