


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90047 026 ***150.00

DOCUMENT # F06000007866 1. Entity Name AMERICAN BUILDERS INSURANCE COMPANY RISK RETENTION GROUP, INC.				
Principal Place of Business 27 NORTH 27TH STREET STE 1900 BILLINGS, MT 59103		Mailing Address C/O RISK SERVICES 15014 WILSON BLVD STE 1110 ARLINGTON, VA 22209		
2. Principal Place of Business - No P.O. Box # 27 North 27th Street		3. Mailing Address Suite, Apt. #, etc. Suite 1900		
City & State Billings, MT		City & State ARLINGTON, VA		
Zip 59101	Country 	Zip 	Country 	
6. Name and Address of Current Registered Agent ROGER, MICHAEL T C/O RISK SERVICES 1800 SECOND STREET STE 909 SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	DP AROWOOD, ROBERT J <input type="checkbox"/> Delete 439 NS CHARLES SEIVERS BLVD CLINTON, TN 37716	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer Winch, Troy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1800 Second Street, Suite 909 Sarasota, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT AROWOOD, WILLIAM M <input type="checkbox"/> Delete 439 NS CHARLES SEIVERS BLVD CLINTON, TN 37716	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Resident Director Durand, Robert <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 145 Fairway Drive Helena, MT 59601	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AROWOOD, BOBBIE P <input type="checkbox"/> Delete 439 NS CHARLES SEIVERS BLVD CLINTON, TN 37716	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JARNIGAN, GARY L <input type="checkbox"/> Delete 439 NS CHARLES SEIVERS BLVD CLINTON, TN 37716	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSS, HEATHER <input checked="" type="checkbox"/> Delete 1501 WILSON BLVD STE 1110 ARLINGTON, VA 22209	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Ross, Heather <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1501 Wilson Blvd., Suite 1110 Arlington, VA 22209	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIZEMORE, DOUGLAS <input type="checkbox"/> Delete 707 RAMBLING ROAD JOHNSON CITY, TN 37604	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	



02152007 Chg-P CR2E034 (12/06)

4. FEI Number **20-5162272** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
 Fee Required

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: *Troy Winch* **3-8-2007** **941-955-0793 #305**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #