

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		Suite, Apt. #, etc.					
City & State Billings, MT		City & State					
Zip 59101	Country		Zip	Country			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
ROGER, MICHAEL T C/O RISK SERVICES 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>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AROWOOD, ROBERT J 439 NS CHARLES SEIVERS BLVD CLINTON, TN 37716	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer Winch, Troy 1800 Second Street, Suite 909 Sarasota, FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT AROWOOD, WILLIAM M 439 NS CHARLES SEIVERS BLVD CLINTON, TN 37716	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Resident Director Durand, Robert 145 Fairway Drive Helena, MT 59601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AROWOOD, BOBBIE P 439 NS CHARLES SEIVERS BLVD CLINTON, TN 37716	<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	DS JARNIGAN, GARY L 439 NS CHARLES SEIVERS BLVD CLINTON, TN 37716	<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 ROSS, HEATHER 1501 WILSON BLVD STE 1110 ARLINGTON, VA 22209	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Ross, Heather 1501 Wilson Blvd., Suite 1110 Arlington, VA 22209	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIZEMORE, DOUGLAS 707 RAMBLING ROAD JOHNSON CITY, TN 37604	<input type="checkbox"/> Delete		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