


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90043 006 \*\*\*150.00

<b>DOCUMENT # F06000007866</b> 1. Entity Name <b>AMERICAN BUILDERS INSURANCE COMPANY RISK RETENTION GROUP, INC.</b>					
Principal Place of Business <b>27 NORTH 27TH STREET STE 1900 BILLINGS MT 59103</b>			Mailing Address <b>C/O RISK SERVICES 15014 WILSON BLVD STE 1110 ARLINGTON VA 22209</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>C/O Risk Services</b> <b>1800 Second St, Suite 909</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State <b>Sarasota, FL</b>		4. FEI Number <b>20-5162272</b>	
Zip 		Country <b>USA</b>		Applied For <input type="checkbox"/> 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  <b>ROGER, MICHAEL T C/O RISK SERVICES 1800 SECOND STREET STE 909 SARASOTA FL 34236</b>				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2008 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 35%;">         9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>					
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>B. TROY WINCH</b> <b>1800 2nd ST #909</b> <b>SARASOTA FL 34236</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT AROWOOD, WILLIAM M 439 NS CHARLES SEIVERS BLVD CLINTON TN 37716		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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		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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROSS, HEATHER 1501 WILSON BLVD STE 1110 ARLINGTON VA 22209		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIZEMORE, DOUGLAS 707 RAMBLING ROAD JOHNSON CITY TN 37604		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Troy Winch</u> <b>B. TROY WINCH</b> <u>3/4/08</u> <u>941.955.0793</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					