

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007866

FILED
Mar 18, 2009
Secretary of State

Entity Name: AMERICAN BUILDERS INSURANCE COMPANY RISK RETENTION GROUP, INC.

Current Principal Place of Business:

27 NORTH 27TH STREET
STE 1900
BILLINGS, MT 59103

New Principal Place of Business:

Current Mailing Address:

C/O RISK SERVICES
1800 SECOND SO SUITE 909
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 20-5162272 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGER, MICHAEL T
C/O 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: DP () Delete
Name: AROWOOD, ROBERT J
Address: 439 NS CHARLES SEIVERS BLVD
City-St-Zip: CLINTON, TN 37716

Title: DT () Delete
Name: AROWOOD, WILLIAM M
Address: 439 NS CHARLES SEIVERS BLVD
City-St-Zip: CLINTON, TN 37716

Title: D () Delete
Name: AROWOOD, BOBBIE P
Address: 439 NS CHARLES SEIVERS BLVD
City-St-Zip: CLINTON, TN 37716

Title: DS () Delete
Name: JARNIGAN, GARY L
Address: 439 NS CHARLES SEIVERS BLVD
City-St-Zip: CLINTON, TN 37716

Title: AS () Delete
Name: ROSS, HEATHER
Address: 1501 WILSION BLVD STE 1110
City-St-Zip: ARLINGTON, VA 22209

Title: D () Delete
Name: SIZEMORE, DOUGLAS
Address: 707 RAMBLING ROAD
City-St-Zip: JOHNSON CITY, TN 37604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: AS (X) Change () Addition
Name: ROSS, HEATHER
Address: 2233 WISCONSIN AVENUE, N.W., STE 310
City-St-Zip: WASHINGTON, DC 20007

Title: DAT (X) Change () Addition
Name: WINCH, TROY
Address: 1800 SECOND STREET, SUITE 909
City-St-Zip: SARASOTA, FL 34236

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: TROY WINCH

AT

03/18/2009

Electronic Signature of Signing Officer or Director

_____ Date