

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007866

FILED  
Apr 24, 2012  
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:**

C/O RISK SERVICES  
1605 MAIN STREET, SUITE 800  
SARASOTA, FL 34236

FEI Number: 20-5162272

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROGERS, MICHAEL T  
C/O RISK SERVICES  
1800 SECOND STREET STE 909  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

ROGERS, MICHAEL T  
C/O 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: MICHAEL T. ROGERS

04/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: AROWOOD, ROBERT J  
Address: 439 NS CHARLES SEIVERS BLVD  
City-St-Zip: CLINTON, TN 37716

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

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

Title: DS  
Name: PATTERSON, MARK  
Address: 439 NS CHARLES SEIVERS BLVD  
City-St-Zip: CLINTON, TN 37716

Title: D  
Name: DURAND, ROBERT T  
Address: 145 FAIRWAY DRIVE  
City-St-Zip: HELENA, MT 59601

Title: DAT  
Name: WINCH, TROY  
Address: 1605 MAIN STREET, SUITE 800  
City-St-Zip: SARASOTA, FL 34236

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: TROY WINCH

DAT

04/24/2012

Electronic Signature of Signing Officer or Director

Date