

F060000007866

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(Requestor's Name)

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\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

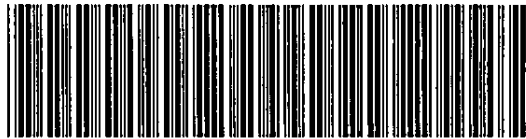
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**FILED**  
13 APR 30 AM 8:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 06 2013

T. ROBERTS

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**AMERICAN BUILDERS INSURANCE COMPANY RISK RETENTION GROUP, INC.**  
**27 North 27<sup>th</sup> Street, Suite 1900, Crowne Plaza • Billings, MT • 59101**

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April 29, 2013

Florida Department of State  
Amendment Section, Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: American Builders Insurance Company, Risk Retention Group, Inc**  
**NAIC Company Code: 12631; NAIC Group Code: 0000; FEIN: 20-5162272**  
**Registration Withdrawal**

Dear Sir/Madam:

Please be advised that the above named group hereby withdraws its registration as a foreign risk retention group in your state, without prejudice. Enclosed is the required cover letter and application for withdrawal, with the filing fee of \$35.00. Written confirmation of cancellation of the group's registration or return of a stamped copy of this letter acknowledging receipt of this request would be deeply appreciated.

Please note further that the group is not currently conducting any business in your state. A final premium tax return will be submitted in accordance with the requirements of your state.

Should you require anything further in connection with this matter, please do not hesitate to contact me by telephone at (941) 373-1140 or by email at [kgray@pboa.com](mailto:kgray@pboa.com).

Sincerely,

*Katie Gray*

Katie Gray  
Account Manager  
**Risk Services, LLC**  
As Managers for  
**American Builders Insurance Company Risk Retention Group, Inc.**

Enclosures

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** American Builders Insurance Company Risk Retention Group, Inc.  

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(Name of Corporation)

**DOCUMENT NUMBER:** F0600000786  

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The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Katie Gray**  

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(Name of Person)

**Risk Services**  

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(Firm/Company)

**1605 Main Street, Suite 800**  

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(Address)

**Sarasota, FL 34236**  

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(City/State and Zip code)

For further information concerning this matter, please call:

**Katie Gray** at ( **941** ) **373-1140**  

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(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL.32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL. 32301

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

American Builders Insurance Company Risk Retention Group, Inc.

(Name of Corporation)

F06000007866

(Document Number of Corporation (if known))

Montana

(Incorporated Under Laws of)

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

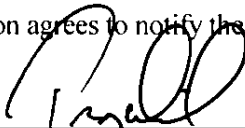
1605 Main Street, Suite 800

(Mailing Address)

Sarasota, FL 34236

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

04/29/2013

(Date)

Troy Winch

(Typed or printed name of person signing)

Assistant Treasurer

(Title of person signing)

**FILING FEE \$35**