2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000045192

FILED Jan 14, 2009 Secretary of State

Entity Name: LIBERTY FIRST RISK RETENTION GROUP INSURANCE COMPANY

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
STE #26	DWOOD RD E CITY, UT 84	1123			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
STE #26	DWOOD RD E CITY, UT 84	4123			
FEI Number:	20-4943003	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
1710 MCDI JACKSON		RTH 254 US	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	_				
	Electror	nic Signature of Registered Age	nt	Date	
Election Carr	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P/D () ALIENGENA, G 2461 MEADOW PARK CITY, UT	/S DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP/D () DUNN, GREG 2684 W 220 N PROVO, UT 84) Delete 4057	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () PETITT, VJ 394 E SAGEBR PARK CITY, UT		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () JORGENSEN, 3 20 PAYDAY DE PARK CITY, UT	₹	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () ALIENGENA, AI 4879 LAST STA PARK CITY, UT	AND DR	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: VJ PETITT DIR 01/14/2009