

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000045635

FILED
Mar 20, 2009
Secretary of State

Entity Name: FIRST RESERVE INSURANCE, INC.

Current Principal Place of Business:

666 GRAND AVENUE, #2900
DES MOINES, IA 50309

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 657
DES MOINES, IA 505030657

New Mailing Address:

FEI Number: 65-1040243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P, D () Delete
Name: SHUFFIELD, RONALD
Address: 333 SOUTH 7TH ST. #2700
City-St-Zip: MINNEAPOLIS, MN 55402

Title: D () Delete
Name: PELTIER, RONALD
Address: 333 SOUTH 7TH ST. #2700
City-St-Zip: MINNEAPOLIS, MN 55402

Title: AS () Delete
Name: LEIGHTON, PAUL
Address: 666 GRAND AVE. #2900
City-St-Zip: DES MOINES, IA 503030657

Title: DIR () Delete
Name: MOLINE, ROBERT
Address: 333 SOUTH 7TH ST. #2700
City-St-Zip: MINNEAPOLIS, MN 55402

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:

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: PAUL J. LEIGHTON

AS

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date