2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000045635

FILED Mar 04, 2004 Secretary of State

Entity Name: FIRST RESERVE INSURANCE, INC. **Current Principal Place of Business: New Principal Place of Business:** 666 GRAND AVENUE, #2900 DES MOINES, IA 50309 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 657 DES MOINES, IA 505030657 FEI Number: 65-1040243 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: **PRFS** (X) Change () Addition HARPER, ALLEN C Name: Name: PELTIER, RONALD 5915 SW 94 ST 6800 FRANCE AVE. S. Address: Address: City-St-Zip: MIAMI, FL 33156 City-St-Zip: EDINA, MN 55435 PD Title: VΡ Title: () Delete (X) Change () Addition JOHNSON, GALEN YOUNT, DOUGLAS Name: Name: 6240 SW 86 ST 6800 FRANCE AVE. S. Address: Address: EDINA, MN 55435 MIAMI, FL 33143 City-St-Zip: City-St-Zip: () Delete (X) Change () Addition Title: DS Title: SEC SHUFFELD, RONALD A LEIGHTON, PAUL Name: Name: 9568 SW 67 CT 666 GRAND AVE. #2900 Address: Address: City-St-Zip: MIAMI, FL 33156 City-St-Zip: DES MOINES, IA 50309 Title: () Delete Title: DIR (X) Change () Addition NEWMEYER, JAMES E PELTIER, RONALD Name: Name: Address: 12960 N. CALUSA CLUB DR Address: 6800 FRANCE AVE. S. City-St-Zip: MIAMI, FL 331865 City-St-Zip: EDINA, MN 55435 Title: Title: () Change (X) Addition () Delete JOHNSON, GALEN Name: Name: Address: 6800 FRANCE AVE. S. Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

EDINA, MN 55435

SIGNATURE: PAUL LEIGHTON SEC 03/04/2004

City-St-Zip: