2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2011
Secretary of State

DOCUMENT# P00000045635

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

OFFICERS AND DIRECTORS:

Title: P, D
Name: SHUFFIELD, RONALD
Address: 1360 S DIXIE HWY.
City-St-Zip: CORAL GABLES, FL 33146

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

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

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

Title: CFO
Name: AQUIRRE, HENA
Address: 1360 S DIXIE HWY.
City-St-Zip: CORAL GABLES, FL 33146

Title: S
Name: STRANDMO, DANA D
Address: 333 SOUTH 7TH ST #2700
City-St-Zip: MINNEAPOLIS, MN 55402

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: PAUL J. LEIGHTON AS 04/19/2011

Electronic Signature of Signing Officer or Director Date