2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003
Secretary of State

DOCUMENT# P00000045635

Entity Name: FIRST RESERVE INSURANCE, INC.

Current Principal Place of Business:

1360 S DIXIE HWY
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1360 S DIXIE HWY
CORAL GABLES, FL 33146

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:

HARPER, ALLEN C
1360 S DIXIE HWY
CORAL GABLES, FL 33146

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: DC ( ) Delete
Name: HARPER, ALLEN C
Address: 5915 SW 94 ST
City-St-Zip: MIAMI, FL 33156

Title: PD ( ) Delete
Name: YOUNT, DOUGLAS
Address: 6240 SW 86 ST
City-St-Zip: MIAMI, FL 33143

Title: DS ( ) Delete
Name: SHUFFELD, RONALD A
Address: 9568 SW 67 CT
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete
Name: NEWMEYER, JAMES E
Address: 12960 N. CALUSA CLUB DR
City-St-Zip: MIAMI, FL 331865

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 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.

SIGNATURE: RONALD A. SHUFFIELD DS 04/28/2003

Electronic Signature of Signing Officer or Director — Date