

**2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 590010

**Entity Name:** RIEMER INSURANCE GROUP, INC.**Current Principal Place of Business:**217 E HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33009**Current Mailing Address:**POST OFFICE BOX 250  
HALLANDALE BEACH, FL 33008 09**FEI Number:** 59-1850208**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RIEMER, BRIAN A  
217 E HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33009 US*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**Officer/Director Detail :**

Title	SECRETARY
Name	RIEMER, LAURIE L
Address	217 E. HALLANDALE BEACH BLVD.
City-State-Zip:	HALLANDALE FL 33009

Title	TREASURER
Name	RIEMER, PAUL
Address	217 E. HALLANDALE BEACH BLVD.
City-State-Zip:	HALLANDALE FL 33009

Title	P
Name	RIEMER, BRIAN A
Address	217 E HALLANDALE BEACH BLVD.
City-State-Zip:	HALLANDALE FL 33009

*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:** BRIAN RIEMER**PRESIDENT****11/08/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date