

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 590010

**Entity Name:** RIEMER INSURANCE GROUP, INC.

**Current Principal Place of Business:**

217 E. HALLANDALE BEACH BLVD.  
HALLANDALE, FL 33009

**Current Mailing Address:**

P.O. BOX 250  
HALLANDALE, FL 33008-0250 US

**FEI Number:** 59-1850208

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RIEMER, STEPHEN L  
217 EAST HALLANDALE BEACH BLVD  
HALLANDALE, FL 33008 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 PD  
Name RIEMER, STEPHEN L.  
Address 20143 NE 19 PLACE  
City-State-Zip: NO MIAMI BEACH FL 33179

Title VP  
Name RIEMER, PAUL MR  
Address 20143 NE 19 PL  
City-State-Zip: HALLANDALE BEACH FL 33179

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:** STEPHEN L RIEMER

**PRESIDENT**

**04/28/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date