2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2013
Secretary of State
CC4158676859

DOCUMENT# F15647

Entity Name: ORMOND INSURANCE AND REINSURANCE MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

802 STERTHAUS DRIVE
SUITE C
ORMOND BEACH, FL 32174

Current Mailing Address:

802 STERTHAUS DRIVE
SUITE C
ORMOND BEACH, FL 32174 US

FEI Number: 59-2079631

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ORMOND RE GROUP, INC.
802 STERTHAUS DRIVE
SUITE C
ORMOND BEACH, FL 32174 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	Title	SVTD
Name	BURT, W. LOCKWOOD	Name	LONG, WILLIAM T
Address	802 STERTHAUS DRIVE SUITE C	Address	802 STERTHAUS DRIVE SUITE C
City-State-Zip:	ORMOND BEACH FL 32174	City-State-Zip:	ORMOND BEACH FL 32174
Title	EVSD	Title	VP
Name	DEINER, JOHN	Name	HARTZ, A.J.
Address	802 STERTHAUS DRIVE SUITE C	Address	802 STERTHAUS DRIVE SUITE C
City-State-Zip:	ORMOND BEACH FL 32174	City-State-Zip:	ORMOND BEACH FL 32174
Title	AV		
Name	BUTCKA, A.A.		
Address	802 STERTHAUS DRIVE SUITE C		
City-State-Zip:	ORMOND BEACH FL 32174		

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: WILLIAM T. LONG SVTD 03/04/2013

Electronic Signature of Signing Officer/Director Detail — Date