2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2017
Secretary of State
CC0115106742

DOCUMENT# F15647

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

Current Principal Place of Business:

200 EAST GRANADA
SUITE 300
ORMOND BEACH, FL 32176

Current Mailing Address:

200 EAST GRANADA
SUITE 300
ORMOND BEACH, FL 32176 US

FEI Number: 59-2079631

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ORMOND RE GROUP, INC.
200 EAST GRANADA
SUITE 300
ORMOND BEACH , FL 32176 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	BURT, W. LOCKWOOD
Address	200 EAST GRANADA SUITE 300
City-State-Zip:	ORMOND BEACH FL 32176

Title	EVD
Name	DEINER, JOHN
Address	200 EAST GRANADA SUITE 300
City-State-Zip:	ORMOND BEACH FL 32176

Title	VPSD
Name	DEVRIESE, MELISSA B.
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: MELISSA B. DEVRIESE SECRETARY 02/15/2017

Electronic Signature of Signing Officer/Director Detail — Date