

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000045635

**Entity Name:** FIRST RESERVE INSURANCE, INC.

**Current Principal Place of Business:**

355 ALHAMBRA CIRCLE  
SUITE 950  
CORAL GABLES, FL 33134

**Current Mailing Address:**

355 ALHAMBRA CIRCLE  
SUITE 950  
CORAL GABLES, FL 33134

**FEI Number:** 65-1040243

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 SHUFFIELD, RONALD  
Address 355 ALHAMBRA CIRCLE-SUITE 950  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name PELTIER, RONALD  
Address 333 SOUTH 7TH ST. #2700  
City-State-Zip: MINNEAPOLIS MN 55402

Title AS  
Name LEIGHTON, PAUL  
Address 666 GRAND AVE. #2900  
City-State-Zip: DES MOINES IA 50303-0657

Title DIR  
Name MOLINE, ROBERT  
Address 333 SOUTH 7TH ST. #2700  
City-State-Zip: MINNEAPOLIS MN 55402

Title CFO  
Name AQUIRRE, HENA  
Address 355 ALHAMBRA CIRCLE-SUITE 950  
City-State-Zip: CORAL GABLES FL 33134

Title S  
Name STRANDMO, DANA D  
Address 333 SOUTH 7TH ST #2700  
City-State-Zip: MINNEAPOLIS MN 55402

*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:** PAUL J. LEIGHTON

**ASSISTANT SECRETARY** 04/04/2013

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

\_\_\_\_\_  
Date