

2014 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** 03/11/2014_____
Electronic Signature of Signing Officer/Director Detail_____
Date