

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000045635

Entity Name: FIRST RESERVE INSURANCE, INC.

Current Principal Place of Business:

201 ALHAMBRA CIRCLE
SUITE 1060
CORAL GABLES, FL 33134

Current Mailing Address:

ATTN: LEGAL DEPARTMENT
333 SOUTH SEVENTH STREET 2700
MINNEAPOLIS, MN 55402 US

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 PRESIDENT, DIRECTOR
Name SHUFFIELD, RONALD
Address 201 ALHAMBRA CIRCLE-SUITE 1060
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name PELTIER, RONALD
Address 333 SOUTH 7TH STREET
 27TH FLOOR
City-State-Zip: MINNEAPOLIS MN 55402

Title SECRETARY
Name BROWNE, MICHAEL T
Address 333 SOUTH 7TH STREET
 27TH FLOOR
City-State-Zip: MINNEAPOLIS MN 55402

Title CFO
Name AQUIRRE, HENA
Address 201 ALHAMBRA CIRCLE-SUITE 1060
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name STRANDMO, DANA D
Address 333 SOUTH 7TH STREET
 27TH FLOOR
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: MICHAEL T. BROWNE

SECRETARY

04/12/2019

Electronic Signature of Signing Officer/Director Detail

Date