

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000122470

Entity Name: BLUE ATLANTIC REINSURANCE CORPORATION**Current Principal Place of Business:**1110 W COMMERCIAL BLVD
FT LAUDERDALE, FL 33309**Current Mailing Address:**1110W COMMERCIAL BLVD
FT LAUDERDALE, FL 33309**FEI Number: 26-1582700****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**MILLER, TRAVIS
301 S BRONOUGH ST SUITE 200
TALLAHASSEE, FL 32301 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: TRAVIS MILLER****04/06/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHIEF RISK OFFICER & DIRECTOR
Name SPRINGER, JON W
Address 1110 W COMMERCIAL BLVD
City-State-Zip: FT LAUDERDALE FL 33309

Title CEO & DIRECTOR
Name DONAGHY, STEPHEN J
Address 1110 W COMMERCIAL BLVD
City-State-Zip: FT LAUDERDALE FL 33309

Title PRESIDENT
Name PALMIERI, MATT
Address 1110 W COMMERCIAL BLVD
City-State-Zip: FT LAUDERDALE FL 33309

Title CFO/TREASUER & DIRECTOR
Name WILCOX, FRANK
Address 1110 W COMMERCIAL BLVD
City-State-Zip: FT LAUDERDALE FL 33309

Title SECRETARY
Name ROPIECKI, GARY
Address 1110 W COMMERCIAL BLVD
City-State-Zip: FT LAUDERDALE FL 33309

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: STEPHEN J. DONAGHY**CEO****04/06/2020**

Electronic Signature of Signing Officer/Director Detail

Date