2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 21, 2016
Secretary of State
CC3177595847

DOCUMENT# P14000072779

Entity Name: MOUNT BEACON INSURANCE COMPANY

Current Principal Place of Business:

1 S. SCHOOL AVE
SUITE 900
SARASOTA, FL 34237

Current Mailing Address:

628 HEBRON AVE
SUITE 106
GLASTONBURY, CT 06033 US

FEI Number: 47-1689973

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
THE CAPITOL
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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR, PRESIDENT	Title	DIRECTOR
Name	WASSERMAN, WALTER NEAL	Name	PATSCHAK, SUSAN J
Address	628 HEBRON AVE SUITE 106	Address	1 S. SCHOOL AVE SUITE 900
City-State-Zip:	GLASTONBURY CT 06033	City-State-Zip:	SARASOTA FL 34237
Title	DIRECTOR, SECRETARY	Title	DIRECTOR
Name	POWERS, LORI M	Name	ROTH, ANDREW J
Address	628 HEBRON AVE SUITE 106	Address	628 HEBRON AVE SUITE 106
City-State-Zip:	GLASTONBURY CT 06033	City-State-Zip:	GLASTONBURY CT 06033
Title	DIRECTOR, TREASURER		
Name	TERELMES, MICHAEL R		
Address	628 HEBRON AVE SUITE 106		
City-State-Zip:	GLASTONBURY CT 06033		

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: LORI M POWERS SECRETARY 11/21/2016

Electronic Signature of Signing Officer/Director Detail — Date