

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000010012

Entity Name: BARENTS RE REINSURANCE LLC

Current Principal Place of Business:

232 ANDALUSIA AVENUE
STE 202
CORAL GABLES, FL 33134

Current Mailing Address:

232 ANDALUSIA AVENUE
STE 202
CORAL GABLES, FL 33134 US

FEI Number: 46-0524459

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NCG MANAGEMENT, LLC
232 ANDALUSIA AVENUE
STE 202
CORAL GABLES, FL 33134 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: NORA GALEGO

04/28/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name BARENTS RE REINSURANCE
COMPANY INC
Address 7 CRAIG ST
City-State-Zip: BELIZE BZ

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BARENTS RE REINSURANCE COMPANY INC

MGRM

04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date