

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000002075

FILED
Feb 25, 2019
Secretary of State
7567765346CC

Entity Name: GEMINI REINSURANCE SERVICES CORP.

Current Principal Place of Business:

4200 NORTHCORP PKWY
SUITE 400
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

4200 NORTHCORP PKWY
SUITE 400
PALM BEACH GARDENS, FL 33410 US

FEI Number: 20-8959760

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRAVELLE, JENNIFER CFO
4200 NORTHCORP PKWY
SUITE 400
PALM BEACH GARDENS, FL 33410 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 PSD
Name SCOTT, JEFFREY B
Address 4200 NORTHCORP PKWY
City-State-Zip: PALM BEACH GARDENS FL 33410

Title T
Name GRAVELLE, JENNIFER L
Address 4200 NORTHCORP PKWY
City-State-Zip: PALM BEACH GARDENS FL 33410

Title D
Name BORZYKOWSKI, MORTON
Address 4200 NORTHCORP PKWY
City-State-Zip: PALM BEACH GARDENS FL 33410

Title D
Name DAVIS, RICHARD H JR.
Address 4200 NORTHCORP PKWY
City-State-Zip: PALM BEACH GARDENS FL 33410

Title D
Name MACHIELS, ALEC I
Address 4200 NORTHCORP PKWY
City-State-Zip: PALM BEACH GARDENS FL 33410

Title D
Name STENCEL, DANIEL B
Address 4200 NORTHCORP PKWY
City-State-Zip: PALM BEACH GARDENS FL 33410

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: JENNIFER GRAVELLE

CFO

02/25/2019

Electronic Signature of Signing Officer/Director Detail

Date