

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000002075

**FILED**  
**Mar 05, 2018**  
**Secretary of State**  
**CC9909304508**

**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

03/05/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date