

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 232112

FILED  
Feb 22, 2010  
Secretary of State

Entity Name: FINANCIAL REINSURANCE, INC.

## Current Principal Place of Business:

140 S. ATLANTIC AVENUE  
SUITE 400  
ORMOND BEACH, FL 32176 US

## New Principal Place of Business:

## Current Mailing Address:

140 S. ATLANTIC AVENUE  
SUITE 400  
ORMOND BEACH, FL 32176 US

## New Mailing Address:

FEI Number: 59-0910994

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ORMOND RE GROUP, INC. (FORMERLY-  
FINANCIAL MANAGEMENT, INC.  
140 S ATLANTIC AVE., SUITE 400  
ORMOND BEACH, FL 32074 US

## Name and Address of New Registered Agent:

ORMOND RE GROUP, INC. (FORMERLY-  
FINANCIAL MANAGEMENT, INC.  
140 S ATLANTIC AVE., SUITE 400  
ORMOND BEACH, FL 32176 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: WILLIAM T. LONG

02/22/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: SVTD  
Name: LONG, WILLIAM T  
Address: 140 S. ATLANTIC AVENUE, SUITE 400  
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: EVSC  
Name: DEINER, J. B.  
Address: 140 S. ATLANTIC AVENUE, SUITE 400  
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: PD  
Name: BURT, W.L.  
Address: 140 S. ATLANTIC AVENUE, SUITE 400  
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: VP  
Name: HARTZ, A.J.  
Address: 140 S. ATLANTIC AVENUE, SUITE 400  
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: AV  
Name: BUTCKA, A.A.  
Address: 140 S. ATLANTIC AVENUE, SUITE 400  
City-St-Zip: ORMOND BEACH, FL 32176 US

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: WILLIAM T. LONG

SVTD

02/22/2010

Electronic Signature of Signing Officer or Director

Date