## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 232112** 

Entity Name: FINANCIAL REINSURANCE, INC.

FILED Mar 15, 2011 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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140 S. ATLANTIC AVENUE

SUITE 400

ORMOND BEACH, FL 32176 US

Current Mailing Address: New Mailing Address:

140 S. ATLANTIC AVENUE SUITE 400

ORMOND BEACH, FL 32176 US

FEI Number: 59-0910994 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

## **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 03/15/2011