2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2011
Secretary of State

DOCUMENT# 265695

Entity Name: ORMOND RE GROUP, INC.

Current Principal Place of Business:

140 SO. ATLANTIC AVENUE
SUITE 400
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

140 SO. ATLANTIC AVENUE
SUITE 400
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 59-0996627 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALIFAX REINSURANCE CORPORATION
140 SO. ATLANTIC AVENUE
SUITE 400
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

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

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

Title: EVSD
Name: DEINER, JOHN
Address: 140 SO. ATLANTIC AVENUE, SUITE 400
City-St-Zip: ORMOND BEACH, FL 32176

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

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

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

Electronic Signature of Signing Officer or Director — Date