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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 9:05

DOCUMENT # **490688** **(9)**

1. Corporation Name
HALIFAX REINSURANCE CORPORATION

Principal Place of Business	Mailing Address
140 S. ATLANTIC AVENUE ORMOND BEACH FL 32176 US	140 S. ATLANTIC AVENUE ORMOND BEACH FL 32176 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1975	3a. Date of Last Report: 03/04/1994
4. FEI Number: 59-1641033	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSYTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, type or print name of registered agent, and title if applicable) (DATE) (Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	11 TITLE	SV/T	☒ Change ☐ Addition
NAME	CRAMER, DAVID	12 NAME	Long, William T.	
STREET ADDRESS	140 S ATLANTIC AVE	13 STREET ADDRESS	5 Sherwood Dr.	
CITY ST ZIP	ORMOND BEACH FL	14 CITY ST ZIP	Ormond Beach, Fl	
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	BURT, W L	22 NAME		
STREET ADDRESS	140 S ATLANTIC AVE	23 STREET ADDRESS		
CITY ST ZIP	ORMOND BEACH FL	24 CITY ST ZIP		
TITLE	VSD	31 TITLE		☐ Change ☐ Addition
NAME	DEINER, JOHN	32 NAME		
STREET ADDRESS	140 S ATLANTIC AVE	33 STREET ADDRESS		
CITY ST ZIP	ORMOND BEACH FL	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William T. Long William T. Long, Sr. VP & Treas. 3/15/95 (904) 677-4453
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011364 CP