

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **490688** (9)

1. Corporation Name
HALIFAX REINSURANCE CORPORATION

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

Mailing Address
**140 S. ATLANTIC AVENUE
ORMOND BEACH FL. 32176
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 140 S. Atlantic Avenue Suite, Apt. #, etc. 22 Suite 400 City & State 23 Ormond Beach, FL Zip 24 32176 Country 25 US		2a. Mailing Address 26 140 S. Atlantic Avenue Suite, Apt. #, etc. 27 Suite 400 City & State 28 Ormond Beach, FL Zip 29 32176 Country 30 US		3. Date Incorporated or Qualified 12/22/1975	
		4. FEI Number 59-1641033		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

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 ORMOND RE GROUP, INC. 82 Street Address (P.O. Box Number is Not Acceptable) 140 S. Atlantic Avenue 83 Suite 400 84 City Ormond Beach FL 85 Zip Code 32176	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, WILLIAM T	1.2 NAME	
STREET ADDRESS	8 SHERWOOD DR	1.3 STREET ADDRESS	140 S. Atlantic Avenue, Suite 400
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	Ormond Beach, FL 32176
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURT, W L	2.2 NAME	
STREET ADDRESS	140 S ATLANTIC AVE	2.3 STREET ADDRESS	140 S. Atlantic Avenue, Suite 400
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	Ormond Beach, FL 32176
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEINER, JOHN	3.2 NAME	
STREET ADDRESS	140 S ATLANTIC AVE	3.3 STREET ADDRESS	140 S. Atlantic Avenue, Suite 400
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	Ormond Beach, FL 32176
TITLE	AV <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, M M	4.2 NAME	
STREET ADDRESS	140 S. ATLANTIC AVE.	4.3 STREET ADDRESS	140 S. Atlantic Avenue, Suite 400
CITY-ST-ZIP	ORMOND BEACH FL	4.4 CITY-ST-ZIP	Ormond Beach, FL 32176
TITLE	BVD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIPARDO, ANTHONY L	5.2 NAME	
STREET ADDRESS	140 SW. ATLANTIC AVE	5.3 STREET ADDRESS	140 S. Atlantic Avenue, Suite 400
CITY-ST-ZIP	ORMOND BEACH FL	5.4 CITY-ST-ZIP	Ormond Beach, FL 32176
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	500002499495
STREET ADDRESS		6.3 STREET ADDRESS	-04/24/98--01035--031
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***1500.00

14. I hereby certify that the information supplied with this filing 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 *John B. Deiner* **John B. Deiner, Exec. VP** **4/8/98** **(904) 677-4453**

CR2E034 (10/97)