

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90286 001 \*1,500.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 490688**

1. Corporation Name  
**HALIFAX REINSURANCE CORPORATION**

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/22/1975**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

ORMOND RE GROUP, INC.  
140 S. ATLANTIC AVENUE  
SUITE 400  
ORMOND BEACH FL 32176

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SVTD ☐ DELETE  
NAME LONG, WILLIAM T  
STREET ADDRESS 140 S. ATLANTIC AVENUE, SUITE 400  
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE PD ☐ DELETE  
NAME BURT, W L  
STREET ADDRESS 140 S ATLANTIC AVE., SUITE 400  
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE EVSD ☐ DELETE  
NAME DEINER, JOHN  
STREET ADDRESS 140 S. ATLANTIC AVENUE, SUITE 400  
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE AV ☒ DELETE  
NAME LEE, M M  
STREET ADDRESS 140 S. ATLANTIC AVENUE, SUITE 400  
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE SVD ☐ DELETE  
NAME DIPARDO, ANTHONY L  
STREET ADDRESS 140 S. ATLANTIC AVENUE, SUITE 400  
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE Assistant Vice President ☐ Change ☒ Addition  
4.2 NAME Brocksmith, D.G.  
4.3 STREET ADDRESS 140 S. Atlantic Avenue, Suite 400  
4.4 CITY-ST-ZIP Ormond Beach, FL 32176

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)