

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 490688

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1641033

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AVP  
NAME BROCKSMITH, D.G.  
STREET ADDRESS 140 S. ATLANTIC AVENUE, SUITE 400  
CITY-ST-ZIP ORMOND BEACH FL 32176 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 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 #

FILED  
Apr 25, 2001 8:00 am  
Secretary of State

04-25-2001 90213 001 \*1,500.00

38725



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)