


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 814260 1. Entity Name HAIL REINSURANCE MANAGEMENT, INC.	
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Principal Place of Business 222 RIVERSIDE DRIVE ORMOND BEACH, FL 32176	Mailing Address P.O. BOX 1715 ORMOND BEACH, FL 32176
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0894724	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OCEANSIDE RE GROUP, INC.
222 RIVERSIDE DRIVE
ORMOND BEACH, FL 32176

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD BURT, WALLACE J. P.O. BOX 1715 ORMOND BEACH, FL 32175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BURT, ALICE L P.O. BOX 1715 ORMOND BEACH, FL 32175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOLFE, VIRGINIA L. P.O. BOX 1715 ORMOND BEACH, FL 32175
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11, or on an attachment with an address, with all other like empowered.

SIGNATURE Wallace J Burt Jr Wallace J Burt Jr 1/8/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone