2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2012
Secretary of State

DOCUMENT# 814260

Entity Name: HAIL REINSURANCE MANAGEMENT, INC.

Current Principal Place of Business:

222 RIVERSIDE DRIVE
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1715
ORMOND BEACH, FL 32175

New Mailing Address:

FEI Number: 59-0894724 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURT, DAVID A
501 SOUTH RIDGEWOOD AVE
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CPD
Name: BURT, WALLACE J JR.
Address: P.O. BOX 1715
City-St-Zip: ORMOND BEACH, FL 32175

Title: VTD
Name: BURT, ALICE L
Address: P.O. BOX 1715
City-St-Zip: ORMOND BEACH, FL 32175

Title: SD
Name: WOLFE, VIRGINIA L
Address: P.O. BOX 1715
City-St-Zip: ORMOND BEACH, FL 32175

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VIRGINIA L. WOLFE SD 01/03/2012

Electronic Signature of Signing Officer or Director Date