## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F10000004806

Jul 11, 2011 Secretary of State

Entity Name: OCEANUS INSURANCE COMPANY, A RISK RETENTION GROUP

**Current Principal Place of Business: New Principal Place of Business:** 

1327 ASHLEY RIVER ROAD BUILDING C, SUITE 200 CHARLESTON, NC 29407

**Current Mailing Address: New Mailing Address:** 

1327 ASHLEY RIVER ROAD 75 ISHAM ROAD BUILDING C, SUITE 200 SUITE 420 CHARLESTÓN, NC 29407 WEST HARTFORD, CT 06107

FEI Number: 20-1066914 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KURTZ, RON 200 SW FIRST AVENUE SUITE 900 FORT LAUDERDALE, FL 33301 US

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:

TETREAULT, STEWART Name: 1327 ASHLEY RIVER ROAD #200 Address: City-St-Zip: CHARLESTON, NC 29407

Title: VD

Name: KURTZ, RON

1327 ASHLEY RIVER ROAD #200 Address: CHARLESTON, NC 29407 City-St-Zip:

Title: SD

GRECO, SUSAN Name:

1327 ASHLEY RIVER ROAD #200 Address: City-St-Zip: CHARLESTON, NC 29407

Title: TD

SCHILLINGER, JEFFREY Name: Address: 1327 ASHLEY RIVER ROAD #200 City-St-Zip: CHARLESTON, NC 29407

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: STEWART E. TETREAULT PD 07/11/2011