

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000114152

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** OLMSTED REINSURANCE HOLDING COMPANY LLC

**Current Principal Place of Business:**

999 VANDRBILT ROAD  
SUITE 200  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

25000 COUNTRY CLUB BLVD  
SUITE 255  
NORTH OLMSTED, OH 44070

**New Mailing Address:**

**FEI Number:** 27-3884406

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COLLERAN, BRIAN  
999 VANDERBILT BEACH ROAD  
SUITE 200  
NAPLES, FL 34108 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: COLLERAN, BRIAN  
Address: 999 VANDERBILT BEACH ROAD #200  
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BRIAN COLLERAN

MGMR

01/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date