2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# P03000075123

Entity Name: OLD BRIDGE INSURANCE, INC.

Current Principal Place of Business:

45 WEST TOWN PLACE
SUITE 210
ST.AUGUSTINE, FL 32092 US

New Principal Place of Business:

Current Mailing Address:

475 WEST TOWN PLACE
SUITE 210
=ST. AUGUSTINE, FL 32092 US

New Mailing Address:

FEI Number: 20-0105723 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CFRA, LLC
CORPORATE CENTER 3 AT INTL PLAZA
4221 W. BOY SCOUT BOULEVARD
TAMPA, FL 33607 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete
Name: ROGAN, JOHN E
Address: 475 WEST TOWN PLACE STE 210
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: VCFO ( ) Delete
Name: ERVIN, RICHARD L JR.
Address: 475 WEST TOWN PLACE SE 210
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D ( ) Delete
Name: PICCIONE, TAL
Address: ONE BLUE HILL PLAZA
City-St-Zip: PEARL RIVER, NY 10965

Title: D ( ) Delete
Name: RAWLINGS, PETER
Address: ONE BLUE HILL PLAZA
City-St-Zip: PEARL RIVER, NY 10965

Title: D ( ) Delete
Name: DAVIES, RICHARD
Address: ONE BLUE HILL PLAZA
City-St-Zip: PEARL RIVER, NY 10965

Title: D ( ) Delete
Name: ELSASS, SANFORD
Address: ONE BLUE HILL PLAZA
City-St-Zip: NEW YORK, NY 10965

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD L. ERVIN, JR. VCFO 03/23/2009

Electronic Signature of Signing Officer or Director — Date