2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000075123

Entity Name: OLD BRIDGE INSURANCE, INC.

FILED Apr 12, 2012 Secretary of State

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

45 WEST TOWN PLACE

SUITE 210

ST.AUGUSTINE, FL 32092 US

Current Mailing Address: New Mailing Address:

475 WEST TOWN PLACE

SUITE 210

ST. AUGUSTINE, FL 32092 US

FEI Number: 20-0105723 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:

CFRA, LLC 100 S. ASHLEY DR. SUITE 400 TAMPA, FL 33602 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: PCEO

Name: KORDUCKI, STEPHEN A

Address: 475 WEST TOWN PLACE STE 210 City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: VCFO

Name: ERVIN, RICHARD L JR.

Address: 475 WEST TOWN PLACE SE 210 City-St-Zip: ST. AUGUSTINE, FL 32092

Title: C

Name: PICCIONE, TAL
Address: ONE BLUE HILL PLAZA
City-St-Zip: PEARL RIVER, NY 10965

Title: [

Name: RAWLINGS, PETER
Address: ONE BLUE HILL PLAZA
City-St-Zip: PEARL RIVER, NY 10965

Title:

Name: DAVIES, RICHARD
Address: ONE BLUE HILL PLAZA
City-St-Zip: PEARL RIVER, NY 10965

Title:

Name: ELSASS, SANFORD
Address: ONE BLUE HILL PLAZA
City-St-Zip: NEW YORK, NY 10965

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: RICHARD L. ERVIN, JR CFO 04/12/2012