

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000108040

Entity Name: EB REINSURANCE HOLDING, INC.

FILED
Jan 20, 2009
Secretary of State

Current Principal Place of Business:

501 RIVERSIDE AVE.
12TH FLOOR
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

501 RIVERSIDE AVE.
12TH FLOOR
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 02-0707764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: D () Delete
Name: MEEKS, GARY A CEO
Address: 8100 NATIONS WAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: PRES () Delete
Name: CLEMENTS, ROBERT M
Address: 8100 NATIONS WAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: CFO () Delete
Name: WILSON, W. BLAKE
Address: 8100 NATIONS WAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: SEC () Delete
Name: HAJDA, THOMAS A
Address: 8100 NATIONS WAY
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MEEKS, GARY A CEO
Address: 501 RIVERSIDE AVE., 12TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: PRES (X) Change () Addition
Name: CLEMENTS, ROBERT M
Address: 501 RIVERSIDE AVE., 12TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: CFO (X) Change () Addition
Name: WILSON, W. BLAKE
Address: 501 RIVERSIDE AVE., 12TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: SEC (X) Change () Addition
Name: HAJDA, THOMAS A
Address: 501 RIVERSIDE AVE., 12TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

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: THOMAS A HAJDA

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01/20/2009

Electronic Signature of Signing Officer or Director

Date