

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000108040

FILED
Jan 21, 2010
Secretary of State

Entity Name: EB REINSURANCE HOLDING, INC.

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: DCEO
Name: MEEKS, GARY A
Address: 501 RIVERSIDE AVE., 12TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: PCOO
Name: CLEMENTS, ROBERT M
Address: 501 RIVERSIDE AVE., 12TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

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

Title: S
Name: HAJDA, THOMAS A
Address: 501 RIVERSIDE AVE., 12TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

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: THOMAS A HAJDA

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01/21/2010

Electronic Signature of Signing Officer or Director

Date