2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000108040

FILED
Apr 12, 2011
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

OFFICERS AND DIRECTORS:

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

Title: P
Name: CLEMENTS, ROBERT M
Address: 501 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32202

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

Title: S
Name: HAJDA, THOMAS A
Address: 501 RIVERSIDE AVE.
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: MANDELINE HENDRICKS POA 04/12/2011

Electronic Signature of Signing Officer or Director Date