2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P04000166154

Entity Name: NORMANDY HARBOR INSURANCE COMPANY, INC.

Current Principal Place of Business:

400 ARTHUR GODFREY ROAD
SUITE 508
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

400 ARTHUR GODFREY ROAD
SUITE 508
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 65-1260086 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399 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: DCST ( ) Delete
Name: GANZ, SIMON
Address: 4512 FARRAGUT ROAD
City-St-Zip: BROOKLYN, NY 11203

Title: D ( ) Delete
Name: KLEIN, BENJAMIN
Address: 1311 95TH
City-St-Zip: BAY HARBOR ISLAND, FL

Title: D ( ) Delete
Name: OSTAPCHUK, CAROL
Address: 5151 WILD ROSE WAY
City-St-Zip: TALLAHASSEE, FL

Title: D ( ) Delete
Name: ATKINS-GUNTER, KATHLEEN
Address: 1117 SAVANAH TR
City-St-Zip: TALLAHASSEE, FL

Title: D,T, ( ) Delete
Name: FEUER, SIMCHA Y
Address: 4512 FARRAGUT ROAD
City-St-Zip: BROOKLYN, NY 11203

Title: P (X) Delete
Name: KROUSE, MITCHEL J
Address: 400 ARTHUR GODFREY RD. SUITE 508
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: KLEIN, BENJAMIN
Address: 4512 FARRAGUT ROAD
City-St-Zip: BROOKLYN, NY 11203

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

Title: D (X) Change ( ) Addition
Name: ATKINS-GUNTER, KATHLEEN
Address: 1117 SAVANAH TRCE
City-St-Zip: TALLAHASSEE, FL 32312

Title: P (X) Change ( ) Addition
Name: KROUSE, MITCHEL
Address: 400 ARTHUR GODFREY RD., STE 508
City-St-Zip: MIAMI BEACH, FL 33140

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: MITCHEL KROUSE P 04/29/2009
Electronic Signature of Signing Officer or Director — Date