

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000166154

FILED
Apr 29, 2011
Secretary of State

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:

P.O. BOX 403027
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

OFFICERS AND DIRECTORS:

Title: DCST
Name: GANZ, SIMON
Address: 4512 FARRAGUT ROAD
City-St-Zip: BROOKLYN, NY 11203

Title: D
Name: KLEIN, BENJAMIN
Address: 4512 FARRAGUT ROAD
City-St-Zip: BROOKLYN, NY 11203

Title: D
Name: OSTAPCHUK, CAROL
Address: 5151 WILD ROSE WAY
City-St-Zip: TALLAHASSEE, FL 32312

Title: D
Name: ATKINS-GUNTER, KATHLEEN
Address: 1117 SAVANAH TRACE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D
Name: NEWELL LOVERN, MICHELLE
Address: 2910 KERRY FOREST PKWY STE 4D-295
City-St-Zip: TALLAHASSEE, FL 32309

Title: D
Name: MYLOD, EDWARD
Address: 4512 FARRAGUT ROAD
City-St-Zip: BROOKLYN, NY 11203

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: THERESE A STEVENS

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04/29/2011

Electronic Signature of Signing Officer or Director

Date