2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2011
Secretary of State

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Entity Name: ASSOCIATED REINSURANCE BROKERS, INC., (U.S.)

Current Principal Place of Business:

316 S HYDE PARK AVE
TAMPA, FL 33606

New Principal Place of Business:

315 PLANT AVENUE
TAMPA, FL 33606

Current Mailing Address:

316 S. HYDE PARK AVE.
TAMPA, FL 33606

New Mailing Address:

315 PLANT AVENUE
TAMPA, FL 33606

FEI Number: 20-5895094 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STILES, MARY ANN
315 PLANT AVE
TAMPA, FL 33606 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: PCEO
Name: SHEBEL, JON L
Address: 178 SOUTH INDIES DRIVE
City-St-Zip: MARATHON, FL 33050

Title: VCS
Name: STILES, MARY ANN
Address: 16201 SONSOLES DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: C
Name: WILLIAMS, THOMAS
Address: 315 PLANT AVENUE
City-St-Zip: TAMPA, FL 33606

Title: T
Name: SHEBEL, JON
Address: 178 SOUTH INDIES DRIVE
City-St-Zip: MARATHON, FL 33050

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: MARY ANN STILES SVP 04/30/2011

Electronic Signature of Signing Officer or Director — Date