2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2011
Secretary of State

DOCUMENT# P10000058154

Entity Name: XCLUSIVE INSURANCE GROUP, INC.

Current Principal Place of Business:

8201 PETERS RD., STE 1000
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

8201 PETERS RD., STE 1000
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 27-3079156 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMON, RICHARD C
3490 FOXCROFT ROAD
B-215
MIRAMAR, FL 33025 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: MR.
Name: SIMON, RICHARD
Address: 8201 PETERS ROAD, SUITE 1000
City-St-Zip: PLANTATION, FL 33324

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: RICHARD SIMON MR. 02/22/2011

Electronic Signature of Signing Officer or Director — Date