2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000027858

Entity Name: BASS REINSURANCE INTERMEDIARIES, INC.

FILED Mar 26, 2012 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 6951 W SUNRISE BLVD PLANTATION, FL 33313 **Current Mailing Address: New Mailing Address:** 6951 W SUNRISE BLVD PLANTATION, FL 33313 FEI Number: 45-0948378 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SASTRE, CESAR 6951 W SUNRISE BLVD PLANTATION, FL 33313 US 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: [

Name: JACKSON, EDWARD Address: 6951 W SUNRISE BLVD City-St-Zip: PLANTATION, FL 33313

Title:

Name: ANDERTON, JOSEPH Address: 6951 W SUNRISE BLVD City-St-Zip: PLANTATION, FL 33313

Title: D

Name: HERMANNS, RICHARD Address: 6951 W SUNRISE BLVD City-St-Zip: PLANTATION, FL 33313

Title: [

Name: TURGEON, WILLIAM
Address: 6951 W SUNRISE BLVD
City-St-Zip: PLANTATION, FL 33313

Title: CTRL

Name: PETROCELLI, JENNIFER CTRL
Address: 6951 W SUNRISE BLVD
City-St-Zip: PLANTATION, FL 33015

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: JENNIFER PETROCELLI CTRL 03/26/2012