

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000104034

Entity Name: COWEN INSURANCE, INC.

Current Principal Place of Business:

2032 CREIGHTON RD
UNIT F
PENSACOLA, FL 32504

Current Mailing Address:

2032 CREIGHTON RD
UNIT F
PENSACOLA, FL 32504 US

FEI Number: 59-3689643

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COWEN, ROBERT T
711 VIA DE LUNA DR.
PENSACOLA BEACH, FL 32561 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

Officer/Director Detail :

Title DP
Name COWEN, ROBERT T
Address 711 VIA DELUNA DR.
City-State-Zip: PENSACOLA BEACH FL 32561

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: COWEN , ROBERT T

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03/18/2015

Electronic Signature of Signing Officer/Director Detail

Date