

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004806

FILED
Apr 26, 2012
Secretary of State

Entity Name: OCEANUS INSURANCE COMPANY, A RISK RETENTION GROUP

Current Principal Place of Business:

1327 ASHLEY RIVER ROAD
BUILDING C, SUITE 200
CHARLESTON, NC 29407

New Principal Place of Business:

Current Mailing Address:

75 ISHAM ROAD
SUITE 420
WEST HARTFORD, CT 06107

New Mailing Address:

FEI Number: 20-1066914 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KURTZ, RON
200 SW FIRST AVENUE
SUITE 900
FORT LAUDERDALE, FL 33301 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: PD
Name: TETREAUULT, STEWART
Address: 1327 ASHLEY RIVER ROAD #200
City-St-Zip: CHARLESTON, NC 29407

Title: VD
Name: KURTZ, RON
Address: 1327 ASHLEY RIVER ROAD #200
City-St-Zip: CHARLESTON, NC 29407

Title: SD
Name: GRECO, SUSAN
Address: 1327 ASHLEY RIVER ROAD #200
City-St-Zip: CHARLESTON, NC 29407

Title: TD
Name: SCHILLINGER, JEFFREY
Address: 1327 ASHLEY RIVER ROAD #200
City-St-Zip: CHARLESTON, NC 29407

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: STEWART E. TETREAUULT

PD

04/26/2012

Electronic Signature of Signing Officer or Director

_____ Date