FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1-2

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P05621** **(8)**

1. Corporation Name

MELBOURNE REINSURANCE CORPORATION

Principal Place of Business	Mailing Address
%UNIVERSAL MANAGEMENT LIMITED UNIVERSAL HOUSE. SHANNON CO. CLARE. IRELAND	%UNIVERSAL MANAGEMENT LIMITED UNIVERSAL HOUSE. SHANNON CO. CLARE. IRELAND

3. Date Incorporated or Qualified: 04/09/1985
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 c/o Universal Management Ltd	26 c/o Universal Managemnent Ltd
Suite, Apt. #, etc. 22 St Stephen's Green Hse	Suite, Apt. #, etc. 27 St Stephen's Green House
City & State 23 Earlsfort Terrace, Dublin 2	City & State 28 Earlsfort Terrace, Dublin 2
Zip / Country 24 / 25 Ireland	Zip / Country 29 / 30 Ireland

4. FEI Number: 22-2311816 — ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE CAPITOL
TALLAHASSEE, FLORDIA FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 T00001789737
-04/23/96--01001--019
***200.00

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ALTMAN, ABE		1.2 NAME		
STREET ADDRESS	ONE LIBERTY PLAZA		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP		
TITLE	S	☑ DELETE	2.1 TITLE	S	☐ Change ☑ Addition
NAME	BODENSTEIN, ROBERT Q		2.2 NAME	Diana Morrison	
STREET ADDRESS	ONE LIBERTY PLAZA		2.3 STREET ADDRESS	c/o Sydney Reinsurance Corp	
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP	One Liberty Plaza, New York, NY 10006	
TITLE	VT	☑ DELETE	3.1 TITLE	V/AT	☑ Change ☐ Addition
NAME	CON COSTELLOE		3.2 NAME	Garrett P Galvin	
STREET ADDRESS	UNIVERSAL HOUSE, SHANNON		3.3 STREET ADDRESS	c/o Universal Management Ltd Dublin 2	
CITY-ST-ZIP	CO. CLARE, IRELAND		3.4 CITY-ST-ZIP	~~St Stephen's Green Hse, Earlsfort Ter~~	
TITLE	O	☑ DELETE	4.1 TITLE	V/T/CFO/D	☐ Change ☑ Addition
NAME	ANDERSON, THOMAS RUSSELL		4.2 NAME	Timothy M Kenny	
STREET ADDRESS	ONE LIBERTY PLAZA		4.3 STREET ADDRESS	c/ Sydney Reinsurance Corp	
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP	~~One Liberty Plaza, New York, NY 10006~~	
TITLE	D	☐ DELETE	5.1 TITLE		☑ Change ☐ Addition
NAME	O'HALLORAN, FRANCIS MICHAEL		5.2 NAME		
STREET ADDRESS	82 PITT STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	SYDNEY, AUSTRALIA		5.4 CITY-ST-ZIP		
TITLE	O	☑ DELETE	6.1 TITLE	V	☐ Change ☑ Addition
NAME	POWER, RICHARD PATRIC		6.2 NAME	James J Fiore	
STREET ADDRESS	UNIVERSAL HOSUE		6.3 STREET ADDRESS	c/o Sydney Reinsurance Corporation	
CITY-ST-ZIP	SHANNON CO CLAIRE IR		6.4 CITY-ST-ZIP	One Liberty Plaza, New York, NY 10006	

4-22-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ April 17, 1996 353-1-6053800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

Melbourne Reinsurance Corporation

13. The following are directors of the company:

James David Rudkin
c/o QBE Insurance Group Ltd
82 Pitt Street
Sydney
Australia

Claude Moreland Scales III
c/o Gilbert Segall & Young
430 Park Avenue
New York, NY 10022

Bruce McKnight Smith
96 Godfrey Lane
Hungtington
New York, NY 11743.