FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 ST STEPHENS GREEN HOUSE EARLSFORT TERRACE, DUBLIN 2 IR	%UNIVERSAL MANAGEMENT ST STEPHENS GREEN HOUSE EARLSFORT TERRACE, DUBLIN 2 IR

3. Date Incorporated or Qualified: 04/09/1985
3a. Date of Last Report: 04/23/1996

2. Principal Place of Business	2a. Mailing Address
21 c/o Universal Management Ltd	26 c/o Universal Management Ltd
Suite, Apt. #, etc. 22 St Stephens Green Hse	Suite, Apt. #, etc. 27 St Stephens 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	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER STATE CAPITOL TALLAHASSEE, FLORDIA FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALTMAN, ABE ONE LIBERTY PLAZA NEW YORK NY ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	S Diana Morrison c/o Sydney Reinsurance Corp One Liberty Plaza, New York, NY 10006 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRISON, DIANA C O SYDNEY REINSURANCE CORP-1 LIBERTY PL NEW YORK NY 10006 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V Siu Kuen Li c/o Sydney Reinsurance Corp One Liberty Plaza, New York NY 10006 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAT GALVIN, GARRETT P ST STEPHENS GREENHOUSE TERRACE EARLSFORT TERRACE, DUBLIN ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	V/D Anthony Robert Przybyszewski c/o Sydney Reinsurance Corporation One Liberty Plaza, New York, NY 10006 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD KENNY, TIMOTHY ONE LIBERTY PLAZA NEW YORK NY 10006 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Claude Moreland Scales III c/o Sydney Reinsurance Corporation One Liberty Plaza, New York, NY 10006 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'HALLORAN, FRANCIS MICHAEL 82 PITT STREET SYDNEY, AUSTRALIA ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Bruce McKnight Smith c/o Sydney Reinsurance Corp One Liberty Plaza, New York, NY 10006 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FIORE, JAMES J ONE LIBERTY PLAZA NEW YORK NY 10006 ☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Garrett P. Galvin SIGNATURE REQUIRED April 21, 1997 353-1-6053800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0626340