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: PAIGE S. FREEMAN

Electronic Signature of Signing Officer/Director Detail

# 2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# 817417

#### Entity Name: MUNICH AMERICAN REASSURANCE COMPANY

# **Current Principal Place of Business:**

56 PERIMETER CENTER EAST, N.E. STE. 500 ATLANTA, GA 30346

# **Current Mailing Address:**

56 PERIMETER CENTER EAST, N.E. STE. 500 ATLANTA, GA 30346

### FEI Number: 58-0828824

# Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE, FL 32301 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	VIKKI SAETEURN			
	Electronic Signature of Registered Agent			
Officer/Director Detail :				
Title	PRES	Title	SVP	

Title	PRES	Title	SVP
Name	DEKONING, MICHAEL G	Name	FARLEY, MICHAEL W
Address	3087 WATSONS BEND	Address	7886 STRATFORD LANE
City-State-Zip:	ALPHARETTA GA 30004	City-State-Zip:	ATLANTA GA 30350
Title	SVP	Title	SVP
Title Name	SVP FREEMAN, PAIGE S	Title Name	SVP TAHT, MICHAEL S

Certificate of Status Desired: No

FILED Jan 07, 2014 Secretary of State CC8503466825

> 01/07/2014 Date

01/07/2014 Date