

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003971

Entity Name: RENRE NORTH AMERICA EMPLOYEE SERVICES INC.**Current Principal Place of Business:**C/O RENAISSANCE REINSURANCE U.S. INC.
140 BROADWAY SUITE 4200, 42 ND FLOOR
NEW YORK, NY 10005**Current Mailing Address:**C/O RENAISSANCE REINSURANCE U.S. INC.
140 BROADWAY SUITE 4200, 42 ND FLOOR
NEW YORK, NY 10005 US**FEI Number:** 41-2102187**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	TREASURER
Name	DUTT, ADITYA K
Address	12 CROW LANE
City-State-Zip:	PEMBROKE HM 19 BERMUDA

Title	DIRECTOR
Name	FRASER, JAMES C.
Address	12 CROW LANE
City-State-Zip:	PEMBROKE HM 19 BERMUDA

Title	DIRECTOR
Name	QUTUB, ROBERT
Address	12 CROW LANE
City-State-Zip:	PEMBROKE HM 19 BERMUDA

Title	SECRETARY
Name	WEINSTEIN, STEPHEN H.
Address	12 CROW LANE
City-State-Zip:	PEMBROKE HM 19 BERMUDA

Title	PRESIDENT
Name	O'DONNELL, KEVIN
Address	12 CROW LANE
City-State-Zip:	PEMBROKE HM 19 BERMUDA

Title	VP
Name	MISHAMBI, EDWARD
Address	12 CROW LANE
City-State-Zip:	PEMBROKE HM 19 BERMUDA

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: STEPHEN H. WEINSTEIN**SECRETARY****03/22/2019**

Electronic Signature of Signing Officer/Director Detail

Date