

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000006680

**Entity Name:** TRANSATLANTIC GROUP-DELAWARE INC.**Current Principal Place of Business:**17895 COLLINS AVE.  
SUNNY ISLES BEACH, FL 33160**Current Mailing Address:**17895 COLLINS AVE.  
SUNNY ISLES BEACH, FL 33160 US**FEI Number:** 65-0445090**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title            EVPD  
Name            LIEB, JAMES M  
Address        17895 COLLINS AVE.  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            DEVP  
Name            HIRSCH, MARK S  
Address        17895 COLLINS AVE.  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            AVP  
Name            TORPEY, CARITE L  
Address        17895 COLLINS AVE.  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            EVP, MANAGING DIRECTOR  
Name            ROBERTSON, JOHNATHAN  
Address        17895 COLLINS AVE.  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            SVP, CFO  
Name            SHMUELI, OREN  
Address        17895 COLLINS AVE.  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            TREASURER  
Name            GARCIA, ANDRES  
Address        17895 COLLINS AVE.  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            CONTROLLER  
Name            WEINFELD, GARY  
Address        17895 COLLINS AVE.  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** CARITE L. TORPEY

AVP

04/28/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date