

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 839968

**FILED**  
**Jan 23, 2013**  
**Secretary of State**

**Entity Name:** MUNICH REINSURANCE AMERICA, INC.

**Current Principal Place of Business:**

555 COLLEGE ROAD, EAST  
PRINCETON, NJ 085435241

**New Principal Place of Business:**

**Current Mailing Address:**

555 COLLEGE ROAD, EAST  
PRINCETON, NJ 085435241

**New Mailing Address:**

**FEI Number:** 13-4924125

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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:** IGNACIO RIVERA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** WILLCOX, ROBIN H  
**Address:** 555 COLLEGE ROAD, EAST  
**City-St-Zip:** PRINCETON, NJ 085435241

**Title:** DCEO  
**Name:** KUCZINSKI, ANTHONY J  
**Address:** 555 COLLEGE ROAD, EAST  
**City-St-Zip:** PRINCETON, NJ 085435241

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:** IGNACIO RIVERA

AS

01/23/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date