2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State
03-03-2008 90199 041 ***158.75

DOCUMENT # 841425

1. Entity Name
PARIS RE AMERICA INSURANCE COMPANY

Principal Place of Business	Mailing Address
1209 ORANGE ST WILMINGTON, DE 19801	17 STATE ST NEW YORK, NY 10004

02072008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 11th Floor
City & State	City & State Bethesda, MD
Zip / Country	Zip 20814 / Country USA

4. FEI Number 04-1590940 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD GERHARDT, HANS PETER 17 STATE STREET NEW YORK, NY 10004	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman Michel Plecy 39 rue du Colisee Paris France 75008	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT LESTON, JOHN J 17 STATE STREET NEW YORK, NY 10004	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Président + COO Lynne P. Vollmer 4800 Montgomery Lane, 11th Floor Bethesda, MD 20814	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GOLDBERG, STEVEN B 17 STATE STREET NEW YORK, NY 10004	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Senior Vice President Frank Papalia 39 rue du Colisee Paris France 75008	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS WILCHER, SUSAN B 17 STATE STREET NEW YORK, NY 10004	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Christophe Bolzard 39 rue du Colisee Paris, France 75008	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vivian K. Coogan Vivian K. Coogan 2/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

301-961-3211