## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 841425**

Entity Name: PARIS RE AMERICA INSURANCE COMPANY

FILED Apr 08, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
801 BRICKI MIAMI, FL	ELL AVE, STE 33131	850					
Current Mailing Address:				New Mailing Address:			
4800 MONTGOMERY LANE 11TH FLOOR BETHESDA, MD 20814				801 BRICKELL AVE, STE 850 MIAMI, FL 33131			
FEI Number: 04-1590940 FEI Number Applied For ( ) FEI Number			nber Not Applicable ( ) Certificate of Status Desired ( )				
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 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.							
SIGNATUR	E:						
Flaction Com		Signature of Registered Agent	t			Date	
		Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PLECV, MICHEL 39 RUE DU COLI			Title: Name: Address: City-St-Zip:	D (X) PLECY, MICHEL 39 RUE DU COL PARIS FRANCE,	ISEE	
Title: Name: Address: City-St-Zip:	VOLLMER, LYNN	ERY LANE 11TH FLOOR		Title: Name: Address: City-St-Zip:	KELLY, EDMUNI	AVENUE, SUITE 850	
Title: Name: Address: City-St-Zip:	SVP ()E PAPALIA, FRANK 39 RUE DU COLI PARIS FRANCE,	( SEE		Title: Name: Address: City-St-Zip:	PAPALIA, FRANI 39 RUE DU COL	ISEE	
Title: Name: Address: City-St-Zip:	T () E BOIZARD, CHRIS 39 RUE DU COLI PARIS FRANCE,	STOPHE SSEE		Title: Name: Address: City-St-Zip:	D (X) BOIZARD, CHRI 39 RUE DU COL PARIS FRANCE,	ISSEE	
Title: Name: Address: City-St-Zip:	()[	Delete		Title: Name: Address: City-St-Zip:	C () GOURGEON, JE 39 RUE DU COL PARIS FRANCE	ISSEE	
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	CHAVANNES, SA	AVENUE, SUITE 850	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SANDRO CHAVANNES O 04/08/2009