Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90109 029 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 843743 1. Corporation Name

TRANSATLANTIC REINSURANCE COMPANY

Suite, Apt. #, etc. 22 City & State Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required Status Desi
NEW YORK NY 10005 NEW YORK NY 10005 NEW YORK NY 10005 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Sute hopporated or Qualified On/2/20/1979 2. Principal Place of Business 2. Mailing Address 3. Sute hopporation and Status Desired 13-5616275 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 City & State 27 City & State 27 City & State 27 Country 27 Zip Country 38 Zip Country 29 3. Name and Address of Current Registered Agent 49 NSURANCE COMMISSIONER STATE OF FLORIDA, CAPITOL BUILDING TALLAHASSEE FL FL NSURANCE COMMISSIONER STATE OF FLORIDA, CAPITOL BUILDING TALLAHASSEE FL FL 3. Name and Address of Current Registered Agent 40 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statuses, the aboven-amend corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporations board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporations board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation in a board of directors. I hereby accept
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9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0502, Florida Statutes. 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY-ST-ZIP 15. STREET ADDRESS 15. STREET ADDRESS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. TITLE 17. STREET ADDRESS 17. ST. ZIP 18. STREET ADDRESS 18. STREET ADDRESS 19. STREET ADDRESS 19. STREET ADDRESS 19. STREET ADDRESS 10. STREET ADDRESS 10. STREET ADDRESS 11. STREET ADDRESS 12. STREET ADDRESS 13. STREET ADDRESS 14. CITY-ST-ZIP 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. ST. ZIP 18. STREET ADDRESS 19. STREET ADDRES
9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER STATE OF FLORIDA, CAPITOL BUILDING TALLAHASSEE FL FL 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and 93s if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
INSURANCE COMMISSIONER STATE OF FLORIDA, CAPITOL BUILDING TALLAHASSEE FL FL 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Or both in the proposed of directors. I hereby accept the appointment as registered agent. Or both in the proposed of directors. I hereby accept the appointment as registered agent. Or both in the proposed of directors. I hereby accept the appointment as registered agent. Or both in the purpose of changing its registered agent. Or both in the purpose of changing its registered agent. Or both in the purpose of changing its registered agent. Or both in the purpose of changing its registered agent. Or both in the purpose of changing its registered agent.
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6.3 STREET ADDRESS

14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an appear of the corporation of the corporati

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Gary Schwartz, Vice President

(212) 770-2050