2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2012
Secretary of State

DOCUMENT# 843743

Entity Name: TRANSATLANTIC REINSURANCE COMPANY

Current Principal Place of Business:

80 PINE STREET
NEW YORK, NY 10005

New Principal Place of Business:

Current Mailing Address:

80 PINE STREET
NEW YORK, NY 10005

New Mailing Address:

FEI Number: 13-5616275 **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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPCE
Name: ORLICH, ROBERT F
Address: 80 PINE STREET
City-St-Zip: NEW YORK, NY 10005

Title: D
Name: TIZZIO, THOMAS R
Address: 175 WATER STREET
City-St-Zip: NEW YORK, NY 10038

Title: DCFV
Name: SKALICKY, STEVEN S
Address: 80 PINE STREET
City-St-Zip: NEW YORK, NY 10005

Title: DEVP
Name: APFEL, KEN
Address: 70 PINE STREET
City-St-Zip: NEW YORK, NY 10270

Title: DSVP
Name: SCHWARTZ, GARY A
Address: 80 PINE STREET
City-St-Zip: NEW YORK, NY 10005

Title: SEC
Name: CINQUEGRANA, AMY M
Address: 80 PINE STREET
City-St-Zip: NEW YORK, NY 10270

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: AMYMARIE CINQUEGRANA SEC 04/23/2012

Electronic Signature of Signing Officer or Director — Date