

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000644

FILED
Mar 15, 2011
Secretary of State

Entity Name: FINIAL REINSURANCE COMPANY

Current Principal Place of Business:

100 FIRST STAMFORD PLACE
STAMFORD, CT 069026745

New Principal Place of Business:

Current Mailing Address:

3024 HARNEY STREET
OMAHA, NE 681313580

New Mailing Address:

FEI Number: 06-1325038

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: PD
Name: LUIZZI, JOSEPH R
Address: 30 S 17TH STREET STE 700
City-St-Zip: PHILADELPHIA, PA 19103

Title: SD
Name: DUFFY, ERIKA B
Address: 100 FIRST STAMFORD PLACE
City-St-Zip: STAMFORD, CT 069026745

Title: T
Name: GEISTKEMPER, DALE D
Address: 3024 HARNEY STREET
City-St-Zip: OMAHA, NE 681313580

Title: V
Name: SPALLA, JOANNE
Address: 100 FIRST STAMFORD PLACE
City-St-Zip: STAMFORD, CT 069026745

Title: D
Name: KRUTTER, FORREST N
Address: 100 FIRST STAMFORD PLACE
City-St-Zip: STAMFORD, CT 069026745

Title: AVP
Name: RATHBUN, RODNEY L
Address: 3024 HARNEY STREET
City-St-Zip: OMAHA, NE 681313580

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: RODNEY L RATHBUN

AVP

03/15/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date