

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004510

FILED
May 17, 2006
Secretary of State

Entity Name: COFACE NORTH AMERICA INSURANCE COMPANY

Current Principal Place of Business:

50 MILLSTONE RD., BLDG 100, SUITE 360
EAST WINDSOR, NJ 08520

New Principal Place of Business:

50 MILLSTONE RD., BLDG 100,
SUITE 360
EAST WINDSOR, NJ 08520

Current Mailing Address:

50 MILLSTONE RD., BLDG 100, SUITE 360
EAST WINDSOR, NJ 08520

New Mailing Address:

50 MILLSTONE RD., BLDG 100,
SUITE 360
EAST WINDSOR, NJ 08520

FEI Number: 02-0527783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCEO () Delete
Name: FERRANTE, MICHAEL
Address: 50 MILLSTONE RD., BLDG 100, SUITE 360
City-St-Zip: EAST WINDSOR, NJ 08520

Title: DT () Delete
Name: FOURNEL, PIERRE
Address: 50 MILLSTONE RD., BLDG 100, SUITE 360
City-St-Zip: EAST WINDSOR, NJ 08520

Title: D () Delete
Name: MOYLE, KENNETH
Address: 50 MILLSTONE RD., BLDG 100, SUITE 360
City-St-Zip: EAST WINDSOR, NJ 08520

Title: DS () Delete
Name: VON KRUSENSTIERN, FRIEDRICH
Address: 50 MILLSTONE RD., BLDG 100, SUITE 360
City-St-Zip: EAST WINDSOR, NJ 08520

Title: DEVP () Delete
Name: TRONCY, CORINE
Address: 50 MILLSTONE RD., BLDG 100, SUITE 360
City-St-Zip: EAST WINDSOR, NJ 08520

Title: VP () Delete
Name: BHURA, ZULFIKAR
Address: 50 MILLSTONE RD., BLDG 100, SUITE 360
City-St-Zip: EAST WINDSOR, NJ 08520

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PIERRE FOURNEL

DT

05/17/2006

Electronic Signature of Signing Officer or Director

_____ Date