FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION *ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000000011 (5)

1. Corporation Name
ST. PAUL REINSURANCE MANAGEMENT CORPORATION

Principal Place of Business
195 BROADWAY
NEW YORK NY 10007

Mailing Address
195 BROADWAY
NEW YORK NY 10007

3. Date Incorporated or Qualified: 01/03/1995
3a. Date of Last Report:

2. Principal Place of Business
21 —
Suite, Apt. #, etc.
22 —
City & State
23 —
Zip 24 — Country 25 —

2a. Mailing Address
26 —
Suite, Apt. #, etc.
27 —
City & State
28 —
Zip 29 — Country 30 —

4. FEI Number: APPLIED FOR — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TEJERIZO, JUAN
8350 N.W. 52ND TERRACE/STE 420
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name: JUAN A. TEJERIZO
82 Street Address (P.O. Box Number is Not Acceptable): 701 BRICKELL AVE.
83 SUITE 2600
84 City: MIAMI FL 85 Zip Code: 33131

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 office or 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.

SIGNATURE X [signature] JUAN A. TEJERIZO VP. & Gral Mgr. — DATE 2/1/96

12. OFFICERS AND DIRECTORS

TITLE	CD	☐ DELETE
NAME	LEATHERDALE, DOUGLAS W	
STREET ADDRESS	385 WASHINGTON STREET	
CITY-ST-ZIP	ST PAUL MN	
TITLE	S	☐ DELETE
NAME	BACKBERG, BRUCE	
STREET ADDRESS	385 WASHINGTON STREET	
CITY-ST-ZIP	ST PAUL MN	
TITLE	D	☐ DELETE
NAME	DUFFY, JAMES F	
STREET ADDRESS	195 BROADWAY	
CITY-ST-ZIP	NEQW YORK NY	
TITLE	D	☐ DELETE
NAME	GREFE, DAVID A	
STREET ADDRESS	195 BROADWAY	
CITY-ST-ZIP	NEQW YORK NY	
TITLE	AV	☐ DELETE
NAME	ANZALONE, D J	
STREET ADDRESS	195 BROADWAY	
CITY-ST-ZIP	NEQW YORK NY	
TITLE	AV	☐ DELETE
NAME	ARMSTRONG, D L	
STREET ADDRESS	195 BROADWAY	
CITY-ST-ZIP	NEQW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)