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Apr 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
185 BROADWAY  
NEW YORK NY 10007

Mailing Address  
185 BROADWAY  
NEW YORK NY 10007-3100

3. Date Incorporated or Qualified  
01/03/1995

3a. Date of Last Report  
02/06/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

4. FEI Number  
APPLIED FOR 13-5060567

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

10. Name and Address of New Registered Agent

TEJERIZO, JUAN  
701 BRICKELL AVE  
SUITE 2600  
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEATHERDALE, DOUGLAS W	1.2 NAME	
STREET ADDRESS	385 WASHINGTON STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST PAUL MN	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACKBERG, BRUCE	2.2 NAME	
STREET ADDRESS	385 WASHINGTON STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST PAUL MN	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFFY, JAMES F	3.2 NAME	
STREET ADDRESS	195 BROADWAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEQW YORK NY	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREFE, DAVID A	4.2 NAME	
STREET ADDRESS	195 BROADWAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEQW YORK NY	4.4 CITY - ST - ZIP	
TITLE	AV	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANZALONE, D J	5.2 NAME	
STREET ADDRESS	195 BROADWAY	5.3 STREET ADDRESS	
CITY - ST - ZIP	NEQW YORK NY	5.4 CITY - ST - ZIP	
TITLE	AV	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, D L	6.2 NAME	
STREET ADDRESS	195 BROADWAY	6.3 STREET ADDRESS	
CITY - ST - ZIP	NEQW YORK NY	6.4 CITY - ST - ZIP	

14. I do 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 attachment with an address.

SIGNATURE: *SAS* *STEVEN SPANO*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-97

212 238 9367

Date Daytime Phone #

CR2E034 (9/96)