**FILED** 

Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90126 043 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9500000011

1. Corporation Name

ST. PAUL RE, INC.

Principal Place of Business Mailing Address  195 BROADWAY 195 BROADWAY NEW YORK NY 10007 NEW YORK NY 10007					DO NOT WRITE IN T	
	,				3. Date Incorporated or Qualifed 01/03/1995	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21		26			13-5060567	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			<del></del>	\$8.75 Additional
22		27			5. Certifcate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	у	8. This corporation owes the current year	
24	25	29	30		Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren	it Registered Agent			10. Name and Address of New Registe	red Agent
			8	1 Name	Robert Porter	
TEJERIZO, JUAN				82 Street Address (P.O. Box Number is Not Acceptable)		
8350 NW 52ND TERRACE					701 Brickell Avenue, Su	lte 2600
SUITE 420				3		
MAIM	AI FL 33166		8	4 City		85 Zip Code
				1.	Miami	F <b>L</b>   331 <u>31</u>
office or s	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	ithorized b	v the corporation	poration submits this statement for the purpos on's board of directors. I hereby accept the a	e of changing its registered ppointment as registered
SIGNATURE					ad when reinstating) DATI	
	Signature, typed or printed name of registered age			ent signature require	ADDITIONS/CHANGES TO OFFICERS	
12.		DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	_		1.1 TITLE			
NAME	DUFFY, JAMES F		1.2 NAME			
STREET ADDRESS	195 BROADWAY		1.3 STREET ADDRESS			
CITY-ST-ZIP	NEQW YORK NY	No. EYE	1.4 CITY-			☐ Change ☐ Addition
TITLE	S	DELETE	2.1 TITLE			
NAME	MACK, SUSAN E		2.2 NAME			Mention of the control of the contro
STREET ADDRESS		**		ET ADDRESS		
CITY-ST-ZIP	NEQW YORK NY		2 4 CITY			Change Addition
TITLE	CFO	☐ DELETE	3 1 TITLE			[] Criange [] Addition
NAME	GREFE, DAVID A.		3.2 NAME			
STREET ADDRESS	195 Broadway		4	ET ADDRESS		
CITY-ST-ZIP_	NEW YORK, NY 10007		3.4. CITY			☐ Change ☐ Addition
TITLE	CONTROLLER	☐ DELETE	4.1 TITLE			
NAME	SPANO, STEVEN A.		4. 2 NAM	E		

CITY-ST-ZIP 14. I 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, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

195 BROADWAY

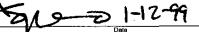
195 Broadway

New York, NY 10007

New York, NY 10007

Asst. Controller Çrāig Dejager

SIGNATURE: STEVEN SPAND VO CONTROLERS



Addition

☐ Addition

☐ Change

☐ Change