

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90292 037 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F95000003330 (6)

1. Corporation Name

**RISK ENTERPRISE MANAGEMENT LIMITED**

Principal Place of Business

Mailing Address

59 Maiden Lane  
 New York, NY 10038

59 Maiden Lane, 3rd Floor  
 New York, NY 10038

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**7/12/95**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**13-3832689**

Applied For  
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

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

Zip

Country

Zip

Country

8. This corporation owes the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation System  
 1200 South Pine Island Rd.  
 Plantation, FL 33324

81 Name

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

83

84 City

FL

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
C/CEO	Johnson, Peter D.	59 Maiden Lane	New York, NY 10038	<input type="checkbox"/>
D/P	Callahan, Charles E.	59 Maiden Lane	New York, NY 10038	<input type="checkbox"/>
V/S	Moak, Roger M.	59 Maiden Lane	New York, NY 10038	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
V	Callahan, Timothy J.	59 Maiden Lane	New York, NY 10038	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	Riney, Michael J.	59 Maiden Lane	New York, NY 10038	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Executive V.P., General Counsel  
 & Corporate Secretary  
 4/27/99 (212) 530-7459

Date

Daytime Phone #

CR2E034 (11/98)