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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # F95000006142 (2)

1. Corporation Name

PAFCO INSURANCE COMPANY LIMITED

Principal Place of Business	Mailing Address
1243 Islington Ave., #300 Toronto, Ontario M8X 2Y3 Canada	1243 Islington Ave., #300 Toronto, Ontario M8X 2Y3 Canada

3. Date Incorporated or Qualified: 12/15/1995
3a. Date of Last Report: Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: Not Applicable ☐ 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

INSURANCE COMMISSIONER
CAPITAL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 300001744553 -03/15/96--01048--015 ***200.00
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: _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDCE MCINTYRE DOUGLAS E. 1243 ISLINGTON AVE., #300 ETOBICOKE, ONTARIO CANADA M8X 2Y3	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PDCE MCINTYRE DOUGLAS E. 1243 ISLINGTON AVE., #400 TORONTO, ONTARIO CANADA M8X 2Y3	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ENGLISH, JOSEPH 1243 ISLINGTON AVE., #300 ETOBICOKE, ONTARIO CANADA M8X 2Y3	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VCM ENGLISH, JOSEPH 1243 ISLINGTON AVE., #300 TORONTO, ONTARIO CANADA M8X 2Y3	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCFO BARNETT, ROBERT J. 1243 ISLINGTON AVE., #300 ETOBICOKE, ONTARIO CANADA M8X 2Y3	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	VCFO BARNETT, ROBERT J. 1243 ISLINGTON AVE., #400 TORONTO, ONTARIO CANADA M8X 2Y3	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V EMO, JOHN R. 1243 ISLINGTON AVE., #300 ETOBICOKE, ONTARIO CANADA M8X 2Y3	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	V EMO, JOHN R. 1243 ISLINGTON AVE., #400 TORONTO, ONTARIO CANADA M8X 2Y3	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TISDALE, JOHN R. 1243 ISLINGTON AVE., #300 ETOBICOKE, ONTARIO CANADA M8X 2Y3	☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	V KALOPSIS, GEORGE 1243 ISLINGTON AVE., #400 TORONTO, ONTARIO CANADA M8X 2Y3	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LOWE, WILLIAM L. 2 FIRST CANADIAN PLACE, 12TH FL TORONTO, ONTARIO CANADA M8X 1A8	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	V LOWE, WILLIAM L. 1243 ISLINGTON AVE., #400 TORONTO, ONTARIO CANADA M8X 2Y3	☒ Change ☐ Addition

CR2E034 (12/95)

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] ROBERT BARNETT (416) 231. 2835. Ext. 2322.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
SG 3-14-96