

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04477

FILED
Feb 27, 2009
Secretary of State

Entity Name: COLISEUM REINSURANCE COMPANY

Current Principal Place of Business:

17 STATE STREET
30TH FLOOR
NEW YORK, NY 100048501

New Principal Place of Business:

1209 ORANGE STREET
WILMINGTON, DE 19801

Current Mailing Address:

17 STATE STREET
30TH FLOOR
NEW YORK, NY 100048501

New Mailing Address:

17 STATE STREET
NEW YORK, NY 100041501

FEI Number: 36-2994662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHERER, ALEXANDRE
Address: 17 STATE STREET
City-St-Zip: NEW YORK, NY 10004

Title: VPSD () Delete
Name: WILCHER, SUSAN
Address: 17 STATE ST
City-St-Zip: NEW YORK, NY 100041501

Title: DVPC () Delete
Name: LESTON, JOHN J
Address: 17 STATE STREET
City-St-Zip: NEW YORK, NY 10004

Title: V () Delete
Name: REID, HELEN
Address: 17 STATE STREET
City-St-Zip: NEW YORK, NY 10004

Title: V () Delete
Name: BADO, JOHN
Address: 17 STATE STREET
City-St-Zip: NEW YORK, NY 10004

Title: SVP () Delete
Name: GOLDBERG, STEVEN
Address: 17 STATE STREET
City-St-Zip: NEW YORK, NY 10004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVPS (X) Change () Addition
Name: WILCHER, SUSAN
Address: 17 STATE ST
City-St-Zip: NEW YORK, NY 100041501

Title: VPTD (X) Change () Addition
Name: THAWANI, ARJUN
Address: 17 STATE STREET
City-St-Zip: NEW YORK, NY 10004

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPA (X) Change () Addition
Name: GOLDBERG, STEVEN
Address: 17 STATE STREET
City-St-Zip: NEW YORK, NY 10004

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN WILCHER

SVPS

02/27/2009

Electronic Signature of Signing Officer or Director

Date