2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2011
Secretary of State

DOCUMENT# P04477

Entity Name: COLISEUM REINSURANCE COMPANY

Current Principal Place of Business:

1209 ORANGE STREET
WILMINGTON, DE 19801

New Principal Place of Business:

Current Mailing Address:

17 STATE STREET
NEW YORK, NY 100041501

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

Title: SVPS
Name: WILCHER, SUSAN
Address: 17 STATE ST
City-St-Zip: NEW YORK, NY 100041501

Title: VPTD
Name: THAWANI, ARJUN
Address: 17 STATE STREET
City-St-Zip: NEW YORK, NY 10004

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

Title: V
Name: PERRY, RODERICK
Address: 17 STATE STREET
City-St-Zip: NEW YORK, NY 10004

Title: V
Name: WOLF, ROBERT
Address: 17 STATE STREET
City-St-Zip: NEW YORK, NY 10004

I hereby 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 all other like empowered.

SIGNATURE: LINDA GROSS AVP 02/10/2011

Electronic Signature of Signing Officer or Director — Date