

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P04889 (2)
1. Corporation Name
SOREMA NORTH AMERICA REINSURANCE COMPANY



Principal Place of Business

199 WATER STREET
NEW YORK NY 10038

Mailing Address

199 WATER STREET
NEW YORK NY 10038

3. Date Incorporated or Qualified
02/05/1985

3a. Date of Last Report
07/05/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number
13-3029255

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

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	PLON, DENIS	
STREET ADDRESS	199 WATER STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	BALIGAND, JEAN	
STREET ADDRESS	199 WATER STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DCE	<input type="checkbox"/> DELETE
NAME	CHAVEL, FRANCOIS MARIE	
STREET ADDRESS	199 WATER STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DVC	<input checked="" type="checkbox"/> DELETE
NAME	CHOIZAT, PIERRE-DAVID	
STREET ADDRESS	199 WATER STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DEG	<input type="checkbox"/> DELETE
NAME	JONES, PETER ANTHONY	
STREET ADDRESS	199 WATER STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DEG	<input type="checkbox"/> DELETE
NAME	SCHMIDT, DANIEL E. IV	
STREET ADDRESS	199 WATER STREET	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	700001812887
14 CITY-ST-ZIP	-05/08/96--01027--019
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	***200.00
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D/C/P/CEO
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D/Exec Committee
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D/Exec Committee
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 (212) 480-1900 ext. 397

CR2E034 (12/95)