

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 10039**
Mailing Address: **199 WATER STREET NEW YORK NY 10039**

3. Date Incorporated or Qualified: **02/05/1985**
3a. Date of Last Report: **07/05/1995**

21	22	23	24	25	26	27	28	29	30	4. FEI Number 13-3029255	Applied For Not Applicable
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

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
85	Zip Code

FL

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	C <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLTON, DENIS	4.2 NAME	
STREET ADDRESS	199 WATER STREET	4.3 STREET ADDRESS	700001812887
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	-05/08/96--01027--019
TITLE	VC <input type="checkbox"/> DELETE	4.5 CITY-ST-ZIP	***200.00
NAME	BALIGAND, JEAN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	199 WATER STREET	2.2 NAME	
CITY-ST-ZIP	NEW YORK NY	2.3 STREET ADDRESS	
TITLE	DPCE <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
NAME	CHAVEL, FRANCOIS MARIE	3.1 TITLE	D/C/P/CEO <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	199 WATER STREET	3.2 NAME	
CITY-ST-ZIP	NEW YORK NY	3.3 STREET ADDRESS	
TITLE	DVC <input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
NAME	OROIZAT, PIERRE-DAVID-	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	199 WATER STREET	4.2 NAME	
CITY-ST-ZIP	NEW YORK NY	4.3 STREET ADDRESS	
TITLE	DEG <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
NAME	JONES, PETER ANTHONY	5.1 TITLE	D/Exec Committee <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	199 WATER STREET	5.2 NAME	
CITY-ST-ZIP	NEW YORK NY	5.3 STREET ADDRESS	
TITLE	DEG <input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
NAME	SCHMIDT, DANIEL E. IV	6.1 TITLE	D/Exec Committee <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	199 WATER STREET	6.2 NAME	
CITY-ST-ZIP	NEW YORK NY	6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E034 (12/95)