Mailing Address



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P04889

1. Corporation Name

Principal Place of Business

SOREMA NORTH AMERICA REINSURANCE COMPANY

	199 WATER STR NEW YORK NY		199 WATER STREET NEW YORK NY 10038						DO NOT W	/RITE IN THIS :	SPACE	
							<del>   </del>	3 Date Income	orated or Qualife		J-AOL	·
١							`	02/05/198				
2. Principal Place of Business 2a. Mailing Address							- 4	1. FEI Number			A	oplied For
21			26				13-30292	55		N	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.								<b>+</b>	Additional
22			27				5. Certificate of Status Desired Fee Require					
City & State			City & State	City & State			•	6. Election Car	npaign Financir	ng 🖂		May Be
23 28			28					Trust Fund	Contribution		Added	to Fees
	Zip				ntry		8	•	ation owes the c	current year Inta		
ļ	4 25 29 30			10	Personal Property Tax. Yes  10. Name and Address of New Registered Agent						□No	
ŀ		9. Name and Address of Curre		81	Name	7.5	u. Name and	Address of Ne	w Registered A	gent		
l	LINIT	ED STATES CORPORATION CO	NADANY		•	Name						
		HAYS STREET	DIVIT AUT I		82	Street	treet Address (P.O. Box Number is Not Acceptable)					
		E 105			83					-		
		AHASSEE FL 32301			03							
I	IALL	AIIAGGEE I E GEGOT			84	City				FI	85 Zip	Code
l	44 Burewant t	to the provisions of Sections 607.05	02 and 607 1508. Florida Statutes	the al	oove	-named	corporati	ion submits this	s statement for t	the nurnose of	hanging its	s registered
l	office or re	adetered agent or both in the State	of Florida, Such change was aut	norizea	ועסו	tne corbo	oration's	board of direct	ors. I hereby ac	cept the appoin	tment as re	egistered
	agent. i ar	n familiar with, and accept the oblig	ations of, Section 607.0505, Flore	Ja Statt	1163.		~ -	<del></del>	~~			
ĺ	SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: F	Registered	Agent	t signature re	equired wher	n reinstating)		DATE		<del></del>
ŀ	12.				13.			ADDITIONS/	CHANGES TO	OFFICERS AN		
Ì	TITLE	DVC	DELETE	1.1 TIT	1.1 TITLE		Chai	rman			Change	☐ Addition
I	NAME	RUSET, ALEXIS		1.2 NAM		:						
	STREET ADDRESS	199 WATER STREET		1.3 STRE		ADDRESS						
	CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST		- ZIP						
i	TITLE	CEO	☐ DELETE	2.1 TITLE			Pres	sident &	CEO		X Change	☐ Addition
	NAME	1 7 2 7		2.2 NA	ME							
STREET ADDRESS		199 WATER STREET		2.3 ST	REET	ADDRESS						
CITY-ST-ZIP		NEW YORK NY		2. 4 Ci	TY-S	T-27P						
	TITLE			3.1 TIT	LE						Change	Addition
NAME JONES, PE		JONES, PETER ANTHONY		3.2 NA	ME							
	STREET ADDRESS			3.3 ST	REET	ADDRESS						
	CITY-ST-ZIP	NEW YORK NY		3.4. CITY-		T-ZIP					C37.0>	F7 * 4486
	TITLE	DEXC	☐ DELETÉ	4.1 TITLE			EVP	& Group	General	Counsel	[X]Change	☐ Addition
	NAME	SCHMIDT, DANIEL E. IV		4, 2 N								
	STREET ADDRESS	199 WATER STREET				ADDRESS						
ŀ	CITY-ST-ZIP	NEW YORK NY	□ BELETE	4.4 C(	_	r-ZIP	135.4	6 0770			(X) Change	Addition
1	TITLE	DVCU	☐ DELETE	5.1 TITLE 5.2 NAME			EVP	& CUO			LALCHANGE	
ļ	NAME.	PAPADOPOULO, NICOLAS		1		ADDRESS						
	STREET ADDRESS	199 WATER ST		5.4 CF								
	CITY-ST-ZIP	NEW YORK NY	☐ DELETE	5.4 CF		- 417					Change	Addition
	TITLE		□ ncreit	6.2 NA							Grange	
	NAME					ADDRESS						
	STREET ADDRESS			6.4 CF								
	CITY-ST-ZIP			■ p4 U	i 1-∂i	-411						

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplimental 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 or an attachment with an address, with all other like empowered.

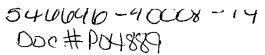
SIGNATURE: IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/15/99

(212) 480-1900

FILED May 12, 1999 8:00 am Secretary of State

05-12-1999 90008 014 \*\*\*150.00

CR2E034 (11/98)





## Attachment to Question #12

SOREMA NORTH AMERICA REINSURANCE COMPANY

TITLE	NAMES OF OFFICERS AND DIRECTORS	STREET ADDRESS	CITY/STATE
D	Azema, Jean	199 Water Street	New York, N.Y
D	Brown, Robert M.	199 Water Street	New York, N.Y.
D	Burigana, Enus A.	199 Water Street	New York, N.Y.
D	Chavel, François M.	199 Water Street	New York, N.Y
D	Mahe, Jean	199 Water Street	New York, N.Y.
D/SVP/CFO/CAO	Purcell, Mark J.	199 Water Street	New York, N.Y.
D	Rousseau, Jean P.	199 Water Street	New York, N.Y.
D	Skipper, Harold D.	199 Water Street	New York, N.Y.
D	Tobia, Sergio	199 Water Street	New York, N.Y.
D	Tract, Marc M., Esq.	199 Water Street	New York, N.Y.
SVP	Gelert, William J.	199 Water Street	New York, N.Y.
SVP	Leopold, Warren E.	99 Water Street	New York, N.Y.
SVP	Peed, Daniel R.	199 Water Street	New York, N.Y.
SVP	Portanova, Daniel W.	199 Water Street	New York, N.Y.
2 <sup>nd</sup> VP/Treasurer	Nolet, Stephen G.	199 Water Street	New York, N.Y.
2 <sup>nd</sup> VP/S	Watter, Iona	199 Water Street	New York, N.Y.

One Seaport Plaza, 199 Water Street, New York, NY 10038-3526
Telephone: 212-480-1900 Fax: 212-480-1328 Web: http://www.soremana.com