

2000 UNIFORM BUSINESS REPORT (UBR)

5.

FILED
Jun 07, 2000 8:00 am
Secretary of State

05-08-2000 90050 001 ***150.00

DOCUMENT # P04889
 1. Entity Name
SOREMA NORTH AMERICA REINSURANCE COMPANY

Principal Place of Business Mailing Address
 199 WATER STREET 199 WATER STREET
 NEW YORK NY 10038 NEW YORK NY 10038-3526

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
UNITED STATES CORPORATION COMPANY
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code



DO NOT WRITE IN THIS SPACE

4. FEI Number **13-3029255** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|-------------------------------|---------------------------------|---|---|--|
| TITLE | C | <input type="checkbox"/> Delete | TITLE | Corp. Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RUSET, ALEXIS | | NAME | Solange Toura Gaba | |
| STREET ADDRESS | 199 WATER STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY | | CITY-ST-ZIP | | |
| TITLE | PCEO | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHAVEL, FRANCOIS MARIE | | NAME | | |
| STREET ADDRESS | 199 WATER STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BURIGANA, ENUS A | | NAME | | |
| STREET ADDRESS | 199 WATER STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY | | CITY-ST-ZIP | | |
| TITLE | DEXC | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHMIDT, DANIEL E. IV | | NAME | CHARLES S. ERNST | |
| STREET ADDRESS | 199 WATER STREET | | STREET ADDRESS | 199 Water Street | |
| CITY-ST-ZIP | NEW YORK NY | | CITY-ST-ZIP | New York, N.Y. 10038 | |
| TITLE | EVCU | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PAPADOPOULO, NICOLAS | | NAME | | |
| STREET ADDRESS | 199 WATER ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROUSSEAU, JEAN P | | NAME | Jean-Luc Wibratte | |
| STREET ADDRESS | 199 WATER STREET | | STREET ADDRESS | 199 Water Street, New York, N.Y. 10038 | |
| CITY-ST-ZIP | NEW YORK NY | | CITY-ST-ZIP | | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Solange Toura Gaba 4-20-2000 (212) 884-9008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (9/99)