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 # P05044 (3)

1. Corporation Name
FOLKSAMERICA REINSURANCE COMPANY

Principal Place of Business
ONE LIBERTY PLAZA
19TH FLOOR
NEW YORK NY 10006

Mailing Address
ONE LIBERTY PLAZA
19TH FLOOR
NEW YORK NY 10006

3. Date Incorporated or Qualified: 02/18/1985
3a. Date of Last Report: 01/26/1995
4. FEI Number: 13-2997499 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. **Name and Address of Current Registered Agent**
KROLL, POMERANTZ & CAMERON
ATTN: ROBERT A. FREYER
3250 MARY STREET
MIAMI FL 33133

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	FASS, STEVEN E.	
STREET ADDRESS	1 LIBERTY PLAZA, 19TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VD	☐ DELETE
NAME	MCGOLDRICK, ROBERT F.	
STREET ADDRESS	1 LIBERTY PLAZA, 19TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	C	☐ DELETE
NAME	HENRIKSSON, ANDERS	
STREET ADDRESS	BOHUSGATEN 14	
CITY-ST-ZIP	STOCKHOLM, SWEDEN	
TITLE	P	☐ DELETE
NAME	TYBURSKI, MICHAEL E	
STREET ADDRESS	1 LIBERTY PLAZA, 19TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	☐ DELETE
NAME	CUMMINS, JARED J	
STREET ADDRESS	1 LIBERTY PLAZA, 19TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	☐ DELETE
NAME	TRACE, WARREN J.	
STREET ADDRESS	1 LIBERTY PLAZA, 19TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Executive Vice President, Treasurer, Secretary, CFO & Director	XX Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
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] Michael E. Tyburski 1/19/96 (212)312-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Executive Vice Pres. Director — Date — Daytime Phone #

CR2E034 (12/95)