

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90147 039 ***150.00

DOCUMENT # P05044

1. Entity 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**

20057562



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292005

Chg-P

CR2E034 (10/03)

4. FEI Number

13-2997499

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
STANCO, EDWARD
ONE LIBERTY PLAZA, 19TH FLOOR
NEW YORK, NY 10006** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVD
WILSON, DANIEL J
ONE LIBERTY PLAZA, 19TH FLOOR
NEW YORK, NY 10006** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVD
WICKWIRE, JAMES D
ONE LIBERTY PLAZA, 19TH FLOOR
NEW YORK, NY 10006** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TSV
STANZIALE, RONALD C JR
ONE LIBERTY PLAZA, 19TH FLOOR
NEW YORK, NY 10006** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVGC
EMEIGH, DONALD A JR.
ONE LIBERTY PLAZA, 19TH FLOOR
NEW YORK, NY 10006** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Executive Vice President, ☒ Change ☐ Addition
General Counsel and Secretary
everything remains the same**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVD
TRACE, WARREN J
ONE LIBERTY PLAZA, 19TH FLOOR
NEW YORK, NY 10006** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald A. Emeigh, Jr.

April 29, 2005

Executive Vice President,

Daytime Phone #

General Counsel & Secretary