


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90232 050 ***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		
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				7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input type="checkbox"/> Delete ONE LIBERTY PLAZA, 19TH FLOOR NEW YORK, NY 10006		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD WILSON, DANIEL J <input type="checkbox"/> Delete ONE LIBERTY PLAZA, 19TH FLOOR NEW YORK, NY 10006		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD WICKWIRE, JAMES D <input type="checkbox"/> Delete ONE LIBERTY PLAZA, 19TH FLOOR NEW YORK, NY 10006		TITLE NAME STREET ADDRESS CITY-ST-ZIP	James D. Wickwire, Jr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSV STANZIALE, RONALD C JR <input type="checkbox"/> Delete ONE LIBERTY PLAZA, 19TH FLOOR NEW YORK, NY 10006		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Financial Officer & Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS EMEIGH, DONALD A JR. <input type="checkbox"/> Delete ONE LIBERTY PLAZA, 19TH FLOOR NEW YORK, NY 10006		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President & Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD TRACE, WARREN J <input checked="" type="checkbox"/> Delete ONE LIBERTY PLAZA, 19TH FLOOR NEW YORK, NY 10006		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President & Chief Underwriting Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition H. Clay Bassett, Jr. One Liberty Plaza, 19th Floor New York, NY 10006	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 lines empowered.					
SIGNATURE: Donald A. Emeigh, Jr. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/25/06 <small>Date</small>		212-312-2500 <small>Daytime Phone #</small>