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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05756 (2)

1. Corporation Name
SYDNEY REINSURANCE CORPORATION

Principal Place of Business
ONE LIBERTY PLAZA, 29TH FLOOR
10006 10006

Mailing Address
ONE LIBERTY PLAZA, 29TH FLOOR
10006 10006-1404



3. Date Incorporated or Qualified 04/22/1985
3a. Date of Last Report 04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number 23-1641984
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ALTMAN, ABE
STREET ADDRESS ONE LIBERTY PLAZA
CITY-ST-ZIP NEW YORK NY ☐ DELETE

1.1 TITLE President, CEO & Director ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SCA
NAME MORRISON, DIANA
STREET ADDRESS ONE LIBERTY PLAZA
CITY-ST-ZIP NEW YORK NY ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SVPA
NAME LI, SIU K
STREET ADDRESS ONE LIBERTY PLAZA
CITY-ST-ZIP NEW YORK NY ☐ DELETE

3.1 TITLE Vice President, Actuary ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SVCT
NAME KENNY, TIMOTHY
STREET ADDRESS ONE LIBERTY PLAZA
CITY-ST-ZIP NEW YORK NY ☐ DELETE

4.1 TITLE Sr. VP, CFO, Treas. & Director ☐ Change ☐ Addition
4.2 NAME KENNY, TIMOTHY M.
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SVP
NAME PRZYBYSZEWski, ANTHONY R
STREET ADDRESS ONE LIBERTY PLAZA
CITY-ST-ZIP NEW YORK NY ☐ DELETE

5.1 TITLE Sr. VP, CAO & Director ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 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:

Sandra Mortham
Signature and typed or printed name of signing officer or director

1/7/97

212-226-7508

Date

Daytime Phone #

CR2E034 (9/96)