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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P12189 (7)

1. Corporation Name
PXRE REINSURANCE COMPANY

Principal Place of Business	Mailing Address
399 THORNALL STREET 14TH FLOOR EDISON NJ 08837 US	399 THORNALL STREET 14TH FLOOR EDISON NJ 08837-2240 US

3. Date Incorporated or Qualified: 11/18/1986
3a. Date of Last Report: 02/09/1996

4. FEI Number: 06-1206728 ☐ 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	2a. Mailing Address
21 399 Thornall St.	26 399 Thornall St.
Suite, Apt #, etc. 22 14th floor	Suite, Apt #, etc. 27 14th floor
City & State 23 Edison NJ	City & State 28 Edison, NJ
Zip 24 08837 Country 25	Zip 29 08837 Country 30

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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 ______ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	RADKE, GERALD L		1.2 NAME	
STREET ADDRESS	123 GRANGE AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	FAIR HAVEN NJ 07701		1.4 CITY-ST-ZIP	07704
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BROWNE, F. SEDGWICK		2.2 NAME	
STREET ADDRESS	1675 BROADWAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TRAUTLEIN, DONALD H.		3.2 NAME	
STREET ADDRESS	452 NORTH NEW STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	BETHLEHEM PA		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SEARFOSS, DAVID WILLIAM		4.2 NAME	
STREET ADDRESS	ONE AMERICAN ROW		4.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FIONDELLA, ROBERT W.		5.2 NAME	
STREET ADDRESS	36 SAW MILL ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL CT		5.4 CITY-ST-ZIP	
TITLE	VTCF	☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	KIMMEL, SANFORD M.		6.2 NAME	
STREET ADDRESS	7 BRIARWOOD DRIVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	SHORT HILLS NY		6.4 CITY-ST-ZIP	Short Hills, New Jersey 07078

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: Sanford M. Kimmel — Sanford M. Kimmel — 908-906-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/96)