

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P12189** (7)  
1. Corporation Name  
**PXRE REINSURANCE COMPANY**



Principal Place of Business <b>399 THORNALL ST 14TH FLOOR EDISON NJ 08837 US</b>	Mailing Address <b>399 THORNALL ST 14TH FLOOR EDISON NJ 08837 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>11/18/1986</b>	
4. FEI Number <b>06-1206728</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent <b>FLORIDA INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32301</b>	

10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85 Zip Code	<b>FL</b>

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	1.1 TITLE	VTCF
NAME	RADKE, GERALD L	1.2 NAME	Kimmel, Sanford M.
STREET ADDRESS	123 GRANGE AVENUE	1.3 STREET ADDRESS	7 Briarwood Drive
CITY-ST-ZIP	FAIR HAVEN NJ	1.4 CITY-ST-ZIP	Short Hills, New Jersey 07078
TITLE	S	2.1 TITLE	S
NAME	BROWNE, F. SEDGWICK	2.2 NAME	Browne, F. Sedgwick
STREET ADDRESS	1875 BROADWAY	2.3 STREET ADDRESS	101 Park Avenue
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	New York, New York
TITLE	D	3.1 TITLE	D
NAME	TRAUTLEIN, DONALD H.	3.2 NAME	Fiondella, Robert W.
STREET ADDRESS	452 NORTH NEW STREET	3.3 STREET ADDRESS	29 Summerberry Circle
CITY-ST-ZIP	BETHLEHEM PA	3.4 CITY-ST-ZIP	Bristol, CT
TITLE	D	4.1 TITLE	
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	5.1 TITLE	
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	6.1 TITLE	
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	

14. 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 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 \_\_\_\_\_

CR2E034 (10/97)