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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90128 018 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P12189

1. Corporation Name
PXRE REINSURANCE COMPANY

Principal Place of Business

399 THORNALL ST
14TH FLOOR
EDISON NJ 08837
US

Mailing Address

399 THORNALL ST
14TH FLOOR
EDISON NJ 08837
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1986

4. FEI Number

06-1206728

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VTCF ☐ DELETE
NAME KIMMEL, SANFORD M
STREET ADDRESS 7 BRIARWOOD DR
CITY-ST-ZIP SHORT HILLS NJ 07078

TITLE S ☐ DELETE
NAME BROWNE, SEDGWICK F
STREET ADDRESS 101 PARK AVE
CITY-ST-ZIP NEW YORK NY

TITLE D ☐ DELETE
NAME FIONDELLA, ROBERT W
STREET ADDRESS 29 SUMMERBERRY CIR
CITY-ST-ZIP BRISTOL CT

TITLE D ☐ DELETE
NAME SEARFOSS, DAVID WILLIAM
STREET ADDRESS ONE AMERICAN ROW
CITY-ST-ZIP HARTFORD CT

TITLE D ☒ DELETE
NAME FIONDELLA, ROBERT W.
STREET ADDRESS 36 SAW MILL ROAD
CITY-ST-ZIP BRISTOL CT

TITLE ~~VTCF~~ ☒ DELETE
NAME ~~KIMMEL, SANFORD M.~~
STREET ADDRESS ~~7 BRIARWOOD DRIVE~~
CITY-ST-ZIP ~~SHORT HILLS NJ~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME Michael J. Bleisnick
5.3 STREET ADDRESS 49 Balcourt Drive
5.4 CITY-ST-ZIP Princeton, NJ

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME Gerald L. Radke
6.3 STREET ADDRESS 123 Grange Avenue
6.4 CITY-ST-ZIP Fair Haven, NJ 07704

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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)