

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

0574852 AT

DOCUMENT # **P12189**

1. Entity Name
PXRE REINSURANCE COMPANY

02-20-2002 90018 045 ***150.00

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

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number **06-1206728**
 Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVC DORE, JAMES F 66 ROCK RD EAST GREEN BROOK NJ 08812 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWNE, SEDGWICK F 101 PARK AVE NEW YORK NY <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIONDELLA, ROBERT W 29 SUMMERBERRY CIR BRISTOL CT <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEARFOSS, DAVID WILLIAM ONE AMERICAN ROW HARTFORD CT <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLEISNICK, MICHAEL J 49 BALCOURT DRIVE PRINCETON NJ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC RADKE, GERALD L 123 GRANGE AVENUE FAIR HAVEN NJ 07704 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	General Counsel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bruce J. Byrnes 3 Deer Foot Lane New City, NY 10956
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gordon Forsyth III 108 Lewis Lane Fair Haven, NJ 07747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Joan L. Cadd 160 Cabrini Blvd., Apt. 132 New York, NY 10033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gordon Forsyth III **GORDON FORSYTH III** **2/12/2002** **732-906-8100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment

822405
#P12189

February 12, 2002

PXRE Corporation



In response to your request:

Division of Corporations

RE: 2002 Uniform Business Report

Please find enclosed your form as completed by PXRE Reinsurance Company. We trust you will find this to be in order.

Regards,

Alice Goodhart

399 Thornall Street
Fourteenth Floor
Edison, NJ 08837

Telephone: 732 906 8100
Facsimile:
Corporate: 732 906 9157
Treaty: 732 906 9283
Facultative: 732 906 9274