2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005
Secretary of State

DOCUMENT# P12189

Entity Name: PXRE REINSURANCE COMPANY

Current Principal Place of Business:

399 THORNALL ST
14TH FLOOR
EDISON, NJ 08837 US

New Principal Place of Business:

Current Mailing Address:

399 THORNALL ST
14TH FLOOR
EDISON, NJ 08837 US

New Mailing Address:

FEI Number: 06-1206728 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	J	( ) Delete
Name:	MODIN, JOHN M	
Address:	THREE FISHER PLACE	
City-St-Zip:	RED BANK, NJ 07701	
Title:	GC	( ) Delete
Name:	BYRNES, BRUCE J	
Address:	3 DEER FOOT LANE	
City-St-Zip:	NEW CITY, NY 10956	
Title:	T	( ) Delete
Name:	JEFFREYS, RICHARD EDWIN J	
Address:	124 WEST 60TH STREET	
City-St-Zip:	NEW YORK, NY 10023	
Title:	SVP	( ) Delete
Name:	CADD, JOAN L	
Address:	160 CABRINI BLVD APT 132	
City-St-Zip:	NEW YORK, NY 10033	
Title:	P	( ) Delete
Name:	RADKE, JEFFREY L	
Address:	BEGOS PORT, 24 HILL CRESCENT	
City-St-Zip:	PEMBROKE, BERMUDA,	
Title:	C	( ) Delete
Name:	RADKE, GERALD L	
Address:	123 GRANGE AVENUE	
City-St-Zip:	FAIR HAVEN, NJ 07704	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE J. BYRNES GC 01/24/2005
Electronic Signature of Signing Officer or Director Date