

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90105 049 \*\*\*150.00

<b>DOCUMENT # P12189</b> 1. Entity Name <b>PXRE REINSURANCE COMPANY</b>					
Principal Place of Business <b>399 THORNALL ST</b> <b>14TH FLOOR</b> <b>EDISON, NJ 08837 US</b>			Mailing Address <b>399 THORNALL ST</b> <b>14TH FLOOR</b> <b>EDISON, NJ 08837 US</b>		
2. Principal Place of Business - No P.O. Box # <b>379 THORNALL STREET</b>		3. Mailing Address <b>379 THORNALL STREET</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>EDISON, NJ</b>		City & State <b>EDISON, NJ</b>		4. FEI Number <b>06-1206728</b>	
Zip <b>08837</b>	Country <b>USA</b>	Zip <b>08837</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CHIEF FINANCIAL OFFICER</b> <b>P O BOX 6200 (32314-6200)</b> <b>200 E. GAINES ST</b> <b>TALLAHASSEE, FL 32399-0000</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right;"><b>FL</b> Zip Code</div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>J</b> <b>MYRON, ROBERT P</b> <b>81 COBBS HILL ROAD</b> <b>PAGET, BERMUDA, PG04</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GC</b> <b>BYRNES, BRUCE J</b> <b>3 DEER FOOT LANE</b> <b>NEW CITY, NY 10956</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <b>CADD, JOAN L</b> <b>160 CABRINI BLVD APT 132</b> <b>NEW YORK, NY 10033</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RADKE, JEFFREY L</b> <b>BEGOS PORT, 24 HILL CRESCENT</b> <b>PEMBROKE, BERMUDA,</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>RADKE, GERALD L</b> <b>123 GRANGE AVENUE</b> <b>FAIR HAVEN, NJ 07704</b>		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: BRUCE J. BYRNES</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>Jan. 16, 2007</b> <b>732-906-8100</b> <small>Date Daytime Phone #</small>		