

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90199 015 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P12189			
1. Entity Name PXRE REINSURANCE COMPANY			
Principal Place of Business 379 THORNALL ST EDISON, NJ 08837 US		Mailing Address 379 THORNALL ST EDISON, NJ 08837 US	
2. Principal Place of Business - No P.O. Box # 379 THORNALL STREET		3. Mailing Address 379 THORNALL STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State EDISON, NEW JERSEY		City & State EDISON, NEW JERSEY	
Zip 08837	Country USA	Zip 08837	Country USA
4. FEI Number 06-1206728		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	J MYRON, ROBERT P 81 COBBS HILL ROAD PAGET, BERMDA, PG04	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOHN, MARVIN D. TAWA MGMT., LTD., The Isis Bldg. 193 Marsh Wall, London E14, 9SG
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GC BYRNES, BRUCE J 3 DEER FOOT LANE NEW CITY, NY 10956	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STREET, STEPHEN As above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP CADD, JOAN L 160 CABRINI BLVD APT 132 NEW YORK, NY 10033	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C VAUGHAN, DAVID TAWA MGMT., LTD. (as above)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RADKE, JEFFREY L BEGOS PORT, 24 HILL CRESCENT PEMBROKE, BERMDA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, SANGKETA TAWA MGMT., LTD. (as above)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, CHRISTOPHER TAWA MGMT. LTD. (as above)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAXTER, STEPHEN TAWA MGMT. LTD. (as above)
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.			
SIGNATURE:  Marvin D. Mohn		04-44-207- 4/30/08 068-8067	

ATTACHMENT

60036462

P12189

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NAME
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