

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12189

FILED  
Apr 08, 2011  
Secretary of State

Entity Name: PXRE REINSURANCE COMPANY

**Current Principal Place of Business:**

TWO LOGAN SQUARE  
SUITE 600  
PHILADELPHIA, PA 19103 US

**New Principal Place of Business:**

**Current Mailing Address:**

TWO LOGAN SQUARE  
SUITE 600  
PHILADELPHIA, PA 19103 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MOHN, MARVIN D  
Address: TAWA MGMT LTD THE IRIS BLVD 193 MARSH WALL  
City-St-Zip: K14 9SG LONDON, LO K14 9SG UK

Title: VP  
Name: BYRNE, SIMON LEES BUC  
Address: TAWA MGMT LTD THE ISIS BLVD 193 MARSH WALL  
City-St-Zip: K14 9SG LONDON, LO K14 9SG UK

Title: C  
Name: VAUGHAN, DAVID  
Address: TAWA MGMT LTD THE ISIS BLVD 193 MARSH WALL  
City-St-Zip: K14 9SG LONDON, LO K14 9SG UK

Title: VP  
Name: JOHNSON, SANGEETA  
Address: TAWA MGMT LTD THE ISIS BLVD 193 MARSH WALL  
City-St-Zip: K14 9SG LONDON, LO K14 9SG UK

Title: SECR  
Name: JONES, CHRISTOPHER  
Address: TAWA MGMT LTD THE ISIS BLVD 193 MARSH WALL  
City-St-Zip: K14 9SG LONDON, LO K14 9SG UK

Title: TREA  
Name: BAXTER, STEPHEN  
Address: TAWA MGMT LTD THE ISIS BLVD 193 MARSH WALL  
City-St-Zip: K14 9SG LONDON, LO K14 9SG UK

I hereby 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 all other like empowered.

SIGNATURE: SIMON BRYNE

VP

04/08/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date