

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P12593** (0)  
1. Corporation Name  
**SIRIUS REINSURANCE CORPORATION**



Principal Place of Business <b>110 WILLIAM STREET NEW YORK NY 10038</b>	Mailing Address <b>110 WILLIAM STREET NEW YORK NY 10038</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/19/1986</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>13-2930697</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	ASSISTANT SECRETARY
NAME	BUNAES, BARD E.	1.2 NAME	MARLENE SANTOS
STREET ADDRESS	110 WILLIAM STREET	1.3 STREET ADDRESS	110 WILLIAM STREET
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	NEW YORK, NY 10038
TITLE	SVD	2.1 TITLE	CD
NAME	KAMINSKY, SYLVIA	2.2 NAME	GORAN THORSTENSSON
STREET ADDRESS	110 WILLIAM STREET	2.3 STREET ADDRESS	SIRIUS INTERNATIONAL
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	STOCKHOLM, SWEDEN
TITLE	SVDT	3.1 TITLE	
NAME	HENRY, BURTON I.	3.2 NAME	
STREET ADDRESS	110 WILLIAM STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	
NAME	BRUZELIUS, PEGGY B	4.2 NAME	
STREET ADDRESS	ABB FINANCIAL SERV AB	4.3 STREET ADDRESS	
CITY-ST-ZIP	STOCKHOLM, SWEDEN	4.4 CITY-ST-ZIP	
TITLE	EVCD	5.1 TITLE	
NAME	LOWRY, WILLIAM K. J	5.2 NAME	
STREET ADDRESS	110 WILLIAM STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Walter J. Santos* ASSISTANT SECRETARY

4/30/98 (212) 225-1232

CR2E034 (10/97)