


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90240 035 \*\*\*150.00

<b>DOCUMENT # P26819</b> 1. Entity Name <b>MAPFRE REINSURANCE CORPORATION</b>					
Principal Place of Business <b>100 CAMPUS DRIVE FLORHAM PARK, NJ 07932-1006 US</b>			Mailing Address <b>100 CAMPUS DRIVE FLORHAM PARK, NJ 07932-1006 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>D</b> <b>WALLIS, JEREMY R.</b> <b>5 RUNYON DRIVE</b> <b>BASKING RIDGE, NJ 07920</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Mariam George</b> <b>2 Penny Lane</b> <b>Bronton Township, NJ 07005</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>LYNCH, JOHN JOSEPH</b> <b>433 SHADYSIDE ROAD</b> <b>RAMSEY, NJ 07446</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Rewick, Cheryl</b> <b>3115 Gates Court</b> <b>Morris Plains, NJ 07950</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>FERNANDEZ-CID, JAVIER</b> <b>78 KETCH ROAD</b> <b>MORRISTOWN, NJ 07960</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Folger, James</b> <b>P O Box 248</b> <b>New Franklin, MO 65274</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SANZO, CARLOS JESUS</b> <b>15 ROSEMILT PLACE</b> <b>MORRISTOWN, NJ 07960</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/C</b> <b>Jimenez, Andres</b> <b>C/Toldeo 168</b> <b>Madrid, Spain</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>TRACT, MARC M</b> <b>177 WHEATLEY ROAD</b> <b>BROOKVILLE, NY 11545</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Sen Basillo, Javier</b> <b>47 Mackensie Road</b> <b>Morristown, NJ 07960</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLARK, DEWEY P</b> <b>126 LOANTAKE WAY</b> <b>MADISON, NJ 07940</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Shearn, Graham William</b> <b>Woodside Hill, Wellington, Somerset UK</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. 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 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:</b> <i>Mariam George</i> <b>Mariam George</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/26/04</b> Daytime Phone # <b>973-443-0443</b>		