

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26819

FILED  
Apr 20, 2005  
Secretary of State

Entity Name: MAPFRE REINSURANCE CORPORATION

**Current Principal Place of Business:**

100 CAMPUS DRIVE  
FLORHAM PARK, NJ 079321006 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 CAMPUS DRIVE  
FLORHAM PARK, NJ 079321006 US

**New Mailing Address:**

FEI Number: 36-3347420

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WALLIS, JEREMY R.,  
Address: 5 RUNYON DRIVE  
City-St-Zip: BASKING RIDGE, NJ 07920

Title: VT ( ) Delete  
Name: LYNCH, JOHN JOSEPH  
Address: 433 SHADYSIDE ROAD  
City-St-Zip: RAMSEY, NJ 07446

Title: PD ( ) Delete  
Name: FERNANDEZ-CID, JAVIER  
Address: 78 KETCH ROAD  
City-St-Zip: MORRISTOWN, NJ 07960

Title: V ( ) Delete  
Name: SANZO, CARLOS JESUS  
Address: 15 ROSEMILT PLACE  
City-St-Zip: MORRISTOWN, NJ 07960

Title: DS ( ) Delete  
Name: TRACT, MARC M  
Address: 177 WHEATLEY ROAD  
City-St-Zip: BROOKVILLE, NY 11545

Title: D ( ) Delete  
Name: CLARK, DEWEY P  
Address: 126 LOANTAKE WAY  
City-St-Zip: MADISON, NJ 07940

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: GIDDINGS, ROBERT E  
Address: 229 OAK SHADOW DRIVE  
City-St-Zip: SANTA ROSA, CA 95409

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOHN J. LYNCH

VT

04/20/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date