2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# P26819

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 04/26/2006

Electronic Signature of Signing Officer or Director — Date