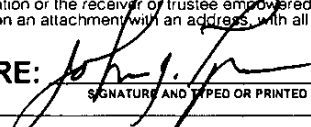


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90041 044 ***150.00

DOCUMENT # P26819 1. Entity Name MAPFRE REINSURANCE CORPORATION					
Principal Place of Business 100 CAMPUS DRIVE FLORHAM PARK, NJ 07932-1006 US			Mailing Address 100 CAMPUS DRIVE FLORHAM PARK, NJ 07932-1006 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 100 Campus Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc. P O Box 695			
City & State		City & State Florham Park, New Jersey			
Zip		Country		04212008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 36-3347420	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 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	D WALLIS, JEREMY R. 5 RUNYON DRIVE BASKING RIDGE, NJ 07920	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Tamayo, Jaime 201 Crandon Blvd, #132, Key Biscayne, FL 33149	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LYNCH, JOHN JOSEPH 433 SHADYSIDE ROAD RAMSEY, NJ 07446	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Freyre Esq., Pedro Armando 824 S. W. 89 St. Miami, FL 33156	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ-CID, JAVIER 78 KETCH ROAD MORRISTOWN, NJ 07960	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fernandez-Cid, Javier Ronda de las Sireas, 91 Majadahonda, Madrid	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TRACT, MARC M 177 WHEATLEY ROAD BROOKVILLE, NY 11545	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tract, Marc M 177 Wheatley Road, Brookville, NY 11545	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIDDINGS, ROBERT E 229 OAK SHADOW DRIVE SANTA ROSA, CA 95409	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP George, Mariam 2 Penny Lane, Boonton Township, NJ 07005	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOLGER, JAMES F MR 203 N MISSOURI ST NEW FRANKLIN, MO 65274	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jimenez, Andres Cerro del Castanan 8A Madrid, Spain 28005	☐ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: 			John J. Lynch, Treasurer		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/21/2008 973-443-0443 Date Daytime Phone #		

ATTACHMENT

40078607
#P26819

Officers of Mapfre Insurance Company

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ATTACHMENT

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