FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 28 PM 6:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S71189** **(2)**

1. Corporation Name
POLARIS REINSURANCE INC.

Principal Place of Business	Mailing Address
150 SE 2ND AVENUE 912 MIAMI FL 33131 US	150 SE 2ND AVENUE 912 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/06/1991
3a. Date of Last Report: 02/24/1994

2. Principal Place of Business	2a. Mailing Address
21 7699 BISCAYNE BLVD.	26 7699 BISCAYNE BLVD.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIAMI, FLORIDA	28 City & State: MIAMI, FLORIDA
24 Zip: 33138 25 Country: USA	29 Zip: 33138 30 Country: USA

4. FEI Number: 65-0401313 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

OVIEDO ISIDRO ALFONSO
150 SE 2ND AVENUE
SUITE 912
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 7699 BISCAYNE BLVD.
83
84 City: MIAMI FL 85 Zip Code: 33138

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	11 TITLE		☒ Change ☐ Addition
NAME	OVIEDO, ISIDRO ALFONSO	12 NAME		
STREET ADDRESS	150 SE 2ND AVENUE, SUITE 912	13 STREET ADDRESS	7699 BISCAYNE BLVD.	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	MIAMI, FL. 33138	
TITLE	VPD	21 TITLE		☒ Change ☐ Addition
NAME	PALACIO, FELIPE M	22 NAME		
STREET ADDRESS	150 SE 2ND AVENUE, SUITE 912	23 STREET ADDRESS	7699 BISCAYNE BLVD.	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	MIAMI, FL. 33138	
TITLE	TD	31 TITLE		☒ Change ☐ Addition
NAME	GURDIAN, MANUEL R	32 NAME		
STREET ADDRESS	150 SE 2ND AVENUE, SUITE 912	33 STREET ADDRESS	7699 BISCAYNE BLVD.	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	MIAMI, FL. 33138	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an asterisk.

SIGNATURE: Isidro A. Oviedo Treasurer 04-21-95 (305) 754-3633
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0127782 CP