

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006352

Entity Name: NEW JERSEY RE-INSURANCE COMPANY

Current Principal Place of Business:

301 SULLIVAN WAY
WEST TRENTON, NJ 08628-3496

Current Mailing Address:

301 SULLIVAN WAY
WEST TRENTON, NJ 08628-3496 US

FEI Number: 22-2187459

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

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

Officer/Director Detail :

Title CHAIRMAN
Name STERN, EDWARD A
Address 301 SULLIVAN WAY
City-State-Zip: WEST TRENTON NJ 08628

Title P
Name LIVINGSTON, MITCHELL A
Address 301 SULLIVAN WAY
City-State-Zip: WEST TRENTON NJ 08628-3496

Title S
Name HILKE, THEODORE H
Address 301 SULLIVAN WAY
City-State-Zip: WEST TRENTON NJ 08628

Title CFO, TREASURER, SENIOR VICE-PRESIDENT
Name MALONE, CHRISTOPHER F
Address 301 SULLIVAN WAY
City-State-Zip: WEST TRENTON NJ 08628-3496

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER F. MALONE

CFO

02/05/2024

Electronic Signature of Signing Officer/Director Detail

Date