

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 19 AM 11:22

DOCUMENT # 817417 (9)
1. Corporation Name
MUNICH AMERICAN REASSURANCE COMPANY

Principal Place of Business 56 PERIMETER CENTER EAST, N.E. P.O. BOX 3210 ATLANTA GA 30346	Mailing Address 56 PERIMETER CENTER EAST, N.E. P.O. BOX 3210 ATLANTA GA 30346
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/16/1974	3a. Date of Last Report Applied For 01/25/1994
4. FEI Number 58-0828824	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29
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9. Name and Address of Current Registered Agent
**O'MALLEY, THOMAS D
OFFICE OF TREASURER - THE CAPITOL
INSURANCE COMMISSIONER - STATE OF FL
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	ROBINSON, JOHN L
STREET ADDRESS	430 HADLEY CT NE
CITY- ST- ZIP	ATLANTA GA
TITLE	V
NAME	SLATER, MICHAEL R.
STREET ADDRESS	1581 KINGS DOWN CIRCLE
CITY- ST- ZIP	DUNWOODY GA
TITLE	V
NAME	SWEENEY, JAMES L.
STREET ADDRESS	1230 LAKE CHARLES DR.
CITY- ST- ZIP	ROSWELL GA
TITLE	D
NAME	RIDDLE, D. RAYMOND
STREET ADDRESS	P.O. BOX 4148
CITY- ST- ZIP	ATLANTA GA
TITLE	VC
NAME	THOMPSON, STEVEN K.
STREET ADDRESS	RT. 14, BOX 602
CITY- ST- ZIP	HAMPTON GA
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(b), 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: S.K. Thompson S.K. Thompson, 2nd VP & Controller 404/394-5665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Printed