

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified: **10/16/1974**
3a. Date of Last Report: **01/19/1995**
4. FEI Number: **58-0828824**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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, 82 Street Address, 83, 84 City, 85 Zip Code

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 re-stating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, JOHN L	1.2 NAME	
STREET ADDRESS	430 HADLEY CT NE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLATER, MICHAEL R.	2.2 NAME	
STREET ADDRESS	1561 KINGS DOWN CIRCLE	2.3 STREET ADDRESS	
CITY - ST - ZIP	DUNWOODY GA	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEENEY, JAMES L.	3.2 NAME	
STREET ADDRESS	1230 LAKE CHARLES DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ROSWELL GA	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDDLE, D. RAYMOND	4.2 NAME	
STREET ADDRESS	P.O. BOX 4148	4.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	4.4 CITY - ST - ZIP	
TITLE	VC <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, STEVEN K.	5.2 NAME	
STREET ADDRESS	RT. 14, BOX 602	5.3 STREET ADDRESS	
CITY - ST - ZIP	HAMPTON GA	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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 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 1/17/96 (770) 394-5665
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/mtg Phone #

CR2E034 (12/95)