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Mar 03 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

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



Principal Place of Business Mailing Address
56 PERIMETER CENTER EAST, N.E.
P.O. BOX 3210
ATLANTA GA 30346
56 PERIMETER CENTER EAST, N.E.
P.O. BOX 3210
ATLANTA GA 30346-2205

3. Date Incorporated or Qualified 10/16/1974
3a. Date of Last Report 03/04/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 58-0828824	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		
25. Country	30. Country		

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
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	ROBINSON, JOHN L	
STREET ADDRESS	430 HADLEY CT NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SLATER, MICHAEL R.	
STREET ADDRESS	1561 KINGS DOWN CIRCLE	
CITY-ST-ZIP	DUNWOODY GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SWEENEY, JAMES L.	
STREET ADDRESS	1230 LAKE CHARLES DR.	
CITY-ST-ZIP	ROSWELL GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RIDDLE, D. RAYMOND	
STREET ADDRESS	P.O. BOX 4148	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	THOMPSON, STEVEN K.	
STREET ADDRESS	RT. 14, BOX 602	
CITY-ST-ZIP	HAMPTON GA	
TITLE		<input type="checkbox"/> DELETE
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	191 PEACHTREE ST. NW
4.4 CITY-ST-ZIP	ATLANTA, GA 30303
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	2350 PILGRIM MILL WAY
5.4 CITY-ST-ZIP	DUMMIE, GA 30131
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 2/11/97
DAYTIME PHONE #: 440/394-5665

CR2E034 (9/96)