

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 10/16/1974	
4. FEI Number 58-0828824	Applied For <input checked="" type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

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	<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	191 PEACHTREE ST NW	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	THOMPSON, STEVEN K.	
STREET ADDRESS	2350 PILGRIM MILL WAY	
CITY-ST-ZIP	CUMMING GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice Pres. & Actuary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Sr. VP & Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Exec. VP & COO	<input checked="" 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	VP & Treasurer	<input checked="" 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 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* *John L. Robinson* *Michael R. Slater* *James L. Sweeney* *D. Raymond Riddle* *Steven K. Thompson*

CR2E034 (10/97)