

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90094 016 ***150.00

DOCUMENT # 817417

1. Entity 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 30346-2296

604935



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-0828824

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'MALLEY, THOMAS D
OFFICE OF TREASURER - THE CAPITOL
INSURANCE COMMISSIONER - STATE OF FL
TALLAHASSEE FL 32304

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPA ROBINSON, JOHN L 430 HADLEY CT NE ATLANTA GA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS SLATER, MICHAEL R. 1561 KINGS DOWN CIRCLE DUNWOODY GA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPC SWEENEY, JAMES L. 1230 LAKE CHARLES DR. ROSWELL GA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIDDLE, D. RAYMOND 191 PEACHTREE ST NW ATLANTA GA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT THOMPSON, STEVEN K. 2350 PILGRIM MILL WAY CUMMING GA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SK Thompson **REQUIRE** **Thompson, VP &** **1/11/00** **770/350-3295**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer Date Daytime Phone #