


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # 817417	
1. Entity Name MUNICH AMERICAN REASSURANCE COMPANY	

Principal Place of Business 56 PERIMETER CENTER EAST, N.E. ATLANTA, GA 30346	Mailing Address P. O. BOX 3210 ATLANTA, GA 30302
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**DO NOT WRITE IN THIS SPACE**



07052006 No Chg-P CR2E034 (11/05)

4. FEI Number 58-0828824	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

U00000570402  
07/14/06-8664-003 150.00

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES HOLLAND, DAVID M 1961 PEELER RD DUNWOODY, GA 30338
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO KATZ, JEFFREY S 1195 DUNDOODY VILLAGE DR DUNWOODY, GA 30338
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO SWEENEY, JAMES L 1230 LAKE CHARLES DR. ROSWELL, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT THOMPSON, STEVEN K 2350 PILGRIM MILL WAY CUMMING, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSE FREEMAN, PAIGE S 968 PLYMOUTH RD.,NE ATLANTA, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPAC WRIGHT, SCOTT E 850 PIEDMONT AVE.,NE, #3310 ATLANTA, GA 30308

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steven K Thompson July 5, 2006 770-350-3203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #