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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # F95000000711 (0)
 1. Corporation Name
RECOR INSURANCE COMPANY INC.



Principal Place of Business
**80 MAIDEN LANE
 NEW YORK NY 10036**

Mailing Address
**80 MAIDEN LANE
 NEW YORK NY 10038-4811**

3. Date Incorporated or Qualified
02/13/1995

3a. Date of Last Report
02/13/1996

21	2. Principal Place of Business 500 NORTH BROADWAY Suite, Apt. #, etc.	26	2a. Mailing Address 500 NORTH BROADWAY Suite, Apt. #, etc.
22	SUITE 142 City & State	27	SUITE 142 City & State
23	JERICHO, NEW YORK Zip Country	28	JERICHO, NEW YORK Zip Country
24	11753 USA	29	11753 USA

4. FEI Number
13-3641796

Applied For
 Not Applicable

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

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
 CAPITOL
 TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEMICHELE, ROBERT M	
STREET ADDRESS	80 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BENSINGER, STEVEN J	
STREET ADDRESS	300 ATLANTIC STREET, 4TH FLOOR	
CITY-ST-ZIP	STAMFORD CT	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	CARROLL, KATHLEEN M	
STREET ADDRESS	300 ATLANTIC STREET, 4TH FLOOR	
CITY-ST-ZIP	STAMFORD CT	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	LAWRENCE, RICHARD A	
STREET ADDRESS	300 ATLANTIC STREET, 4TH FLOOR	
CITY-ST-ZIP	STAMFORD CT	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEPIETRA, ANTHONY	
STREET ADDRESS	80 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PRIMERANO, RICHARD B	
STREET ADDRESS	300 ATLANTIC STREET, 4TH FLOOR	
CITY-ST-ZIP	STAMFORD CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RICHARD E. COLE	
1.3 STREET ADDRESS	500 NORTH BROADWAY	
1.4 CITY-ST-ZIP	JERICHO, NEW YORK 11753	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	500 NORTH BROADWAY	
2.3 STREET ADDRESS	JERICHO, NEW YORK 11753	
2.4 CITY-ST-ZIP	JERICHO, NEW YORK 11753	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	500 NORTH BROADWAY	
3.3 STREET ADDRESS	JERICHO, NEW YORK 11753	
3.4 CITY-ST-ZIP	JERICHO, NEW YORK 11753	
4.1 TITLE	VPT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CAROLE ANCE-KIRK	
4.3 STREET ADDRESS	500 NORTH BROADWAY	
4.4 CITY-ST-ZIP	JERICHO, NEW YORK 11753	
5.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CHARLES E. MEYERS	
5.3 STREET ADDRESS	500 NORTH BROADWAY	
5.4 CITY-ST-ZIP	JERICHO, NEW YORK 11753	
6.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	500 NORTH BROADWAY	
6.3 STREET ADDRESS	JERICHO, NEW YORK 11753	
6.4 CITY-ST-ZIP	JERICHO, NEW YORK 11753	

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:  **KATHLEEN M. CARROLL** 4-28-97 (203) 705-2530
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)