

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

FILED
Apr 16 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 # F95000000711 (0)
 1. Corporation Name
RECOR INSURANCE COMPANY INC.



Principal Place of Business 500 N BROADWAY STE 142 JERICHO NY 11753 US	Mailing Address 550 NORTH BROADWAY STE 142 JERICHO NY 11753 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/13/1995

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 13-3641796	Applied For <input 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
**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	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	CEO/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, RICHARD E	1.2 NAME	
STREET ADDRESS	500 NORTH BROADWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	JERICHO NY	1.4 CITY-ST-ZIP	11753
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSINGER, STEVEN J	2.2 NAME	
STREET ADDRESS	500 NORTH BOARDWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	JERICHO NY	2.4 CITY-ST-ZIP	11753
TITLE	VPS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VPI5 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, KATHLEEN M	3.2 NAME	JOHN V. DEL COL
STREET ADDRESS	500 NORTH BROADWAY	3.3 STREET ADDRESS	500 NORTH BROADWAY, SUITE 142
CITY-ST-ZIP	JERICHO NY	3.4 CITY-ST-ZIP	JERICHO, NY 11753
TITLE	VPT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRK-ANCE CAROLE	4.2 NAME	
STREET ADDRESS	500 NORTH BROADWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	JERICHO NY	4.4 CITY-ST-ZIP	11753
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, CHARLES E	5.2 NAME	
STREET ADDRESS	500 NORTH BROADWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	JERICHO NY	5.4 CITY-ST-ZIP	11753
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIMERANO, RICHARD B	6.2 NAME	
STREET ADDRESS	500 NORTH BROADWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	JERICHO NY	6.4 CITY-ST-ZIP	NY 11753

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: _____ DATE: **4-9-98**

CR2E034 (10/97)