

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

**FILED**  
**Jan 26 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # F97000004652 (0)**  
 1. Corporation Name  
**SWISS-AM REASSURANCE COMPANY**



Principal Place of Business <b>237 PARK AVE NEW YORK NY 10017</b>	Mailing Address <b>237 PARK AVE NEW YORK NY 10017</b>
--	--

DO NOT WRITE IN THIS SPACE

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

<b>3.</b> Date Incorporated or Qualified <b>09/05/1997</b>
<b>4.</b> FEI Number <b>22-2374444</b>
<b>5.</b> Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>8.</b> 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**  
**CT CORPORATION SYSTEM**  
**1200 SO PINE ISLAND RD**  
**PLANTATION FL 33324**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, MARY ANN</b>	1.2 NAME	
STREET ADDRESS	<b>245 EAST 44TH ST STE 7C</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10017</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEE, KIN KEUNG</b>	2.2 NAME	
STREET ADDRESS	<b>3 HARDING LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RUMSON NJ 07780</b>	2.4 CITY-ST-ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HART, JEFF R</b>	3.2 NAME	
STREET ADDRESS	<b>185 MOUNTAIN AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MONTCLAIR NJ 07042</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEILBRON, EDWARD R</b>	4.2 NAME	
STREET ADDRESS	<b>7 MIDDLESEX ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WELLESLEY MA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANGINO, ROBERT M</b>	5.2 NAME	
STREET ADDRESS	<b>78 MAY DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHATHAM NJ 07928</b>	5.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATERNOSTRO, PETER J</b>	6.2 NAME	
STREET ADDRESS	<b>ONE SHEPARD PLACE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CONVENT STATION NJ 07961</b>	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 **Peter J. Paternostro** *Peter J. Paternostro* 1/9/98 (212) 907-8843

CR2E034 (10/97)