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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90002 050 ***150.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # F97000004652

1. Corporation Name
SWISS-AM REASSURANCE COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 237 PARK AVE 237 PARK AVE
 NEW YORK NY 10017 NEW YORK NY 10017

3. Date Incorporated or Qualified
09/05/1997

4. FEI Number Applied For
22-2374444 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

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

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

TITLE **VD** DELETE

NAME **BROWN, MARY ANN**

STREET ADDRESS **245 EAST 44TH ST STE 7C**

CITY-ST-ZIP **NEW YORK NY 10017**

TITLE **PD** DELETE

NAME **GEE, KIN KEUNG**

STREET ADDRESS **3 HARDING LANE**

CITY-ST-ZIP **RUMSON NJ 07760**

TITLE **CD** DELETE

NAME **HART, JEFF R**

STREET ADDRESS **185 MOUNTAIN AVE**

CITY-ST-ZIP **MONTCLAIR NJ 07042**

TITLE **VD** DELETE

NAME **HEILBRON, EDWARD R**

STREET ADDRESS **7 MIDDLESEX ST**

CITY-ST-ZIP **WELLESLEY MA**

TITLE **D** DELETE

NAME **MANGINO, ROBERT M**

STREET ADDRESS **78 MAY DRIVE**

CITY-ST-ZIP **CHATHAM NJ 07928**

TITLE **SD** DELETE

NAME **PATERNOSTRO, PETER J**

STREET ADDRESS **ONE SHEPARD PLACE**

CITY-ST-ZIP **CONVENT STATION NJ 07961**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME **PRESIDENT**

2.3 STREET ADDRESS **CHRIS CONRAD STROUP**

2.4 CITY-ST-ZIP **182 DEER RUN ROAD**
WILTON, CT 06897

3.1 TITLE Change Addition

3.2 NAME **DIRECTOR**

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME **SECRETARY/DIRECTOR**

6.3 STREET ADDRESS **STEPHEN CRAIG NESBITT**

6.4 CITY-ST-ZIP **134 ST. CLEMENTS AVENUE**
TORONTO, ONTARIO, CANADA

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, with all other like empowered.

SIGNATURE: *Richard H. Stange* 4/22/99 (203) 321-3000

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

CR2E034 (1/198)