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CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 30 AM 10:36

DOCUMENT # **K26423** (9)

1. Corporation Name  
**REASSURANCE COMPANY OF HANNOVER**

Principal Place of Business <b>800 N MAGNOLIA AVE STE 1000 ORLANDO FL 32803</b>	Mailing Address <b>800 N MAGNOLIA AVE STE 1000 ORLANDO FL 32803</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>06/16/1988</b>	3a. Date of Last Report <b>01/20/1994</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number <b>59-2859797</b>	Applied For 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 has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>BRAZEL DENNIS D 800 N MAGNOLIA AVE STE 1000 ORLANDO FL 32803</b>				10. Name and Address of New Registered Agent			
				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP WALKER, WILLIAM W 800 N MAGNOLIA AVE #1000 ORLANDO FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DTS BRAZEL, DENNIS D. 800 N MAGNOLIA AVE #1000 ORLANDO FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DV GRAY, GARY L. 800 N MAGNOLIA AVE #1000 ORLANDO FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D REISCHEL, MICHAEL KARLWIECHERT ALLEE 50 30825 HANNOVER GE</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D HAAS, HERBERT K KARL WIECHERT ALLEE 50 30825 HANNOVER GE</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D SULLIVAN, JOHN F 3435 WILSHIRE BLVD #700 LOS ANGELES CA</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Dennis D. Brazel*  
DENNIS D. BRAZEL

1/14/95  
407(649-8411)

(1)

1995  
**CORPORATION ANNUAL REPORT**

**REASSURANCE COMPANY OF HANNOVER**

59-2859797

**Block 12. (con't)**

7.1 D/V  
7.2 Becke, Wolf S.  
7.3 Karl-Wiechert-Allee 50  
7.4 30625 Hannover Germany

8.1 V  
8.2 Kozij, O. Alex  
8.3 800 N. Magnolia #1000  
8.4 Orlando, FL 32803

9.1 AVP  
9.2 Bathke, Suzanne L.  
9.3 800 N. Magnolia #1000  
9.4 Orlando, FL 32803

10.1 AVP  
10.2 Perz, John W.  
10.3 800 N. Magnolia #1000  
10.4 Orlando, FL 32803

11.1 V  
11.2 Baldwin, Craig M.  
11.3 800 N. Magnolia #1000  
11.4 Orlando, FL 32803

12.1 V  
12.2 Lee, Jonathan W.  
12.3 800 N. Magnolia #1000  
12.4 Orlando, FL 32803

13.1 AVP  
13.2 Sullivan, Carl H.  
13.3 800 N. Magnolia #1000  
13.4 Orlando, FL 32803

14.1 AVP  
14.2 Eikleberry, Scott C.  
14.3 800 N. Magnolia #1000  
14.4 Orlando, FL 32803