

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K26423 (9)**

1. Corporation Name
REASSURANCE COMPANY OF HANNOVER



Principal Place of Business: **800 N MAGNOLIA AVE STE 1000 ORLANDO FL 32803**
Mailing Address: **800 N MAGNOLIA AVE STE 1000 ORLANDO FL 32803**

3. Date Incorporated or Qualified: **06/16/1988**
3a. Date of Last Report: **01/30/1995**
4. FEI Number: **59-2859797**
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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRAZIEL DENNIS D
800 N MAGNOLIA AVE
STE 1000
ORLANDO FL 32803**

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 translating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WALKER, WILLIAM W	
STREET ADDRESS	800 N MAGNOLIA AVE #1000	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DTS	<input type="checkbox"/> DELETE
NAME	BRAZIEL, DENNIS D.	
STREET ADDRESS	800 N MAGNOLIA AVE #1000	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GRAY, GARY L.	
STREET ADDRESS	800 N MAGNOLIA AVE #1000	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REISCHEL, MICHAEL	
STREET ADDRESS	KARL WIECHERT ALLEE 50	
CITY-ST-ZIP	30625 HANNOVER GE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAAS, HERBERT K	
STREET ADDRESS	KARL WIECHERT ALLEE 50	
CITY-ST-ZIP	30625 HANNOVER GE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SULLIVAN, JOHN F	
STREET ADDRESS	3435 WILSHIRE BLVD #700	
CITY-ST-ZIP	LOS ANGELES CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY-ST-ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY-ST-ZIP	
3 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY-ST-ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4 2 NAME	D ZELLER, WILHELM
4 3 STREET ADDRESS	KARL WIECHERT ALLEE 50
4 4 CITY-ST-ZIP	30625 HANNOVER, GERMANY
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY-ST-ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY-ST-ZIP	

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 119.07(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. Braziel* 1/15/96 (407) 649-8411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

1996
CORPORATION ANNUAL REPORT

REASSURANCE COMPANY OF HANNOVER

59-2859797

Block 12, (con't)

7.1	D/V	15.1	AVP
7.2	Becke, Wolf S.	15.2	Martin, Glen E.
7.3	Karl-Wiechert-Allee 50	15.3	800 N. Magnolia #1000
7.4	30625 Hannover Germany	15.4	Orlando, FL 32803
8.1	V	16.1	AVP
8.2	Kozij, O. Alex	16.2	Traxler, Brian G.
8.3	800 N. Magnolia #1000	16.3	800 N. Magnolia #1000
8.4	Orlando, FL 32803	16.4	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	D/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		