

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

FILED

**Apr 22 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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 32803-3251
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3. Date Incorporated or Qualified 06/16/1988	3a. Date of Last Report 01/31/1996
4. FEI Number 59-2859797	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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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9. Name and Address of Current Registered Agent
**BRAZIEL DENNIS D
800 N MAGNOLIA AVE
STE 1000
ORLANDO FL 32803**

10. Name and Address of New Registered Agent
 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 reinstating) 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	V	<input type="checkbox"/> DELETE
NAME	GRAY, GARY L.	
STREET ADDRESS	800 N MAGNOLIA AVE #1000	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZELLER, WILHELM	
STREET ADDRESS	KARL WIECHERT ALLEE 50	
CITY-ST-ZIP	HANNOVER GE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAAS, HERBERT K	
STREET ADDRESS	KARL WIECHERT ALLEE 50	
CITY-ST-ZIP	30825 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 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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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: Sandra B. Morham Date: 4/10/97 Daytime Phone #: (407) 649-8411

CR2E034 (9/96)

1997
CORPORATION ANNUAL REPORT

REASSURANCE COMPANY OF HANNOVER

59-2859797

Block 12. (con't)

7.1	D	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	DELETE
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	16.1	AVP	ADD
9.2	Bathke, Suzanne L.	16.2	Castellanos, Victor E.	
9.3	800 N. Magnolia #1000	16.3	800 N. Magnolia #1000	
9.4	Orlando, FL 32803	16.4	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			