

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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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/16/1988	3a. Date of Last Report 01/31/1996
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	4. FEI Number 59-2859797	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 reinstating) DATE _____

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