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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1998



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**

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|---|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/16/1988 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-2859797 | Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. | <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 | | | |
| BRAZEL 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 |

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 | BRAZEL, 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 | 30625 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 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.

CR2E034 (10/97)

Handwritten signatures and numbers: B, A, B, 4/22/98, (407) (49-2411)

1998
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 | |
| 8.2 | Kozij, O. Alex | 16.2 | Castellanos, Victor E. | |
| 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 | 17.1 | AS | ADD |
| 9.2 | Bathke, Suzanne L. | 17.2 | Gomes, Pearl J. | |
| 9.3 | 800 N. Magnolia #1000 | 17.3 | 800 N. Magnolia #1000 | |
| 9.4 | Orlando, FL 32803 | 17.4 | Orlando, FL 32803 | |
| 10.1 | AVP | 18.1 | AVP | ADD |
| 10.2 | Perz, John W. | 18.2 | Smith, Paul J. | |
| 10.3 | 800 N. Magnolia #1000 | 18.3 | 800 N. Magnolia #1000 | |
| 10.4 | Orlando, FL 32803 | 18.4 | Orlando, FL 32803 | |
| 11.1 | D/V | 19.1 | AVP | ADD |
| 11.2 | Baldwin, Craig M. | 19.2 | Pyatt, William E. | |
| 11.3 | 800 N. Magnolia #1000 | 19.3 | 800 N. Magnolia #1000 | |
| 11.4 | Orlando, FL 32803 | 19.4 | Orlando, FL 32803 | |
| 12.1 | V | 20.1 | VP | ADD |
| 12.2 | Lee, Jonathan W. | 20.2 | Najjar, Steven B. | (5/4/98) |
| 12.3 | 800 N. Magnolia #1000 | 20.3 | 800 N. Magnolia #1000 | |
| 12.4 | Orlando, FL 32803 | 20.4 | 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 | | | |