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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90242 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **K26423**

1. Corporation Name
REASSURANCE COMPANY OF HANNOVER



DO NOT WRITE IN THIS SPACE

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

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 owes the current year Intangible Personal Property Tax. Yes 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

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

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

(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	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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D,C	<input type="checkbox"/> Change <input checked="" 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 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, with all other like empowered.

SIGNATURE: *Dennis D. Braziel*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 (407) 649-8411
 Date Daytime Phone #

CR2E034 (1/198)

1999
CORPORATION ANNUAL REPORT
REASSURANCE COMPANY OF HANNOVER

537896-90242-14
 # K26423

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	
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	
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	
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	V	
12.2	Lee, Jonathan W.	20.2	Najjar, Steven B.	
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	21.1	V	ADD
13.2	Sullivan, Carl H.	21.2	Schaefer, Peter R.	
13.3	800 N. Magnolia #1000	21.3	800 N. Magnolia #1000	
13.4	Orlando, FL 32803	21.4	Orlando, FL 32803	
14.1	AVP	22.1	AVP	ADD
14.2	Eikleberry, Scott C.	22.2	Campanaro, Joseph A.	
14.3	800 N. Magnolia #1000	22.3	800 N. Magnolia #1000	
14.4	Orlando, FL 32803	22.4	Orlando, FL 32803	
		23.1	AS	ADD
		23.2	Walters, D. Mallory	
		23.3	800 N. Magnolia #1000	
		23.4	Orlando, FL 32803	