

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PM 1:27

DOCUMENT # P13109

(4)

1. Corporation Name

RE CAPITAL REINSURANCE CORPORATION

Principal Place of Business

TWO STAMFORD PLAZA
PO BOX 10148
STAMFORD CT 06904-2148
US

Mailing Address

TWO STAMFORD PLAZA
PO BOX 10148
STAMFORD CT 06904-2148
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1987

3a. Date of Last Report

01/21/1994

4. FEI Number

06-1182357

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301

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 of Agent or person authorized to accept appointment as registered agent

Signature of Secretary or person authorized to accept appointment as registered agent

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
CD0
HOFFMANN, DENNIS E.
2. STREET ADDRESS
JOHN DEERE ROAD
3. CITY, STATE, ZIP
MOLINE IL
4. TITLE
SO
5. NAME
REILLY, CONOR D.
6. STREET ADDRESS
200 PARK AVE
7. CITY, STATE, ZIP
NEW YORK NY
8. NAME
P00
ROBERTS, JAMES E.
9. STREET ADDRESS
TWO STAMFORD PLAZA
10. CITY, STATE, ZIP
STAMFORD CT
11. NAME
V00
SLADE, STEPHEN B.
12. STREET ADDRESS
TWO STAMFORD PLAZA
13. CITY, STATE, ZIP
STAMFORD CT
14. NAME
TO
MUELLER, R RICHARD
15. STREET ADDRESS
TWO STAMFORD PLAZA
16. CITY, STATE, ZIP
STAMFORD CT
17. NAME
V00
SMITH, DAVID C.
18. STREET ADDRESS
TWO STAMFORD PLAZA
19. CITY, STATE, ZIP
STAMFORD CT

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP
4. TITLE
5. NAME
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94. CITY, STATE, ZIP
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96. STREET ADDRESS
97. CITY, STATE, ZIP
98. NAME
99. STREET ADDRESS
100. CITY, STATE, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032 and 199.033, Florida Statutes. I further certify that the information included on this corporation's report of a supplemental filing is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am qualified to accept the appointment as the registered agent of this corporation and that I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, and that my name appears in the Florida Department of State's annual report of corporations.

SIGNATURE: R. RICHARD MUELLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

1/6/95

(203) 977-6100