FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

FLORIDA INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS

TITLE	CDO
NAME	HOFFMANN, DENNIS E.
STREET ADDRESS	JOHN DEERE ROAD
CITY-ST-ZIP	MOLINE IL
TITLE	SO
NAME	REILLY, CONOR D.
STREET ADDRESS	200 PARK AVE
CITY-ST-ZIP	NEW YORK NY
TITLE	PDO
NAME	ROBERTS, JAMES E.
STREET ADDRESS	TWO STAMFORD PLAZA
CITY-ST-ZIP	STAMFORD CT
TITLE	VDO
NAME	SLADE, STEPHEN B.
STREET ADDRESS	TWO STAMFORD PLAZA
CITY-ST-ZIP	STAMFORD CT
TITLE	TO
NAME	MUELLER, R RICHARD
STREET ADDRESS	TWO STAMFORD PLAZA
CITY-ST-ZIP	STAMFORD CT
TITLE	VDO
NAME	SMITH, DAVID C.
STREET ADDRESS	TWO STAMFORD PLAZA
CITY-ST-ZIP	STAMFORD CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition — blank)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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: R. RICHARD MUELLER 1/6/95 (203) 977-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0000308 CP