

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
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DOCUMENT # P26889 (6)

1. Corporation Name
WINTERTHUR REINSURANCE CORPORATION OF AMERICA

FILED

95 FEB -7 PM 4: 33

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 225 LIBERTY STREET, 42ND FLOOR NEW YORK NY 10281-8001	Mailing Address 225 LIBERTY STREET, 42ND FLOOR NEW YORK NY 10281-8001
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/13/1989	3a. Date of Last Report 02/15/1994
4. FEI Number 13-9531373	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**COLLINS, RICHARD B.
 2804 REMINGTON GREEN CIRCLE, SUITE 4
 TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

B1 Name	B5	Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)		
B3		
B4 City	FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and the applicant. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BIDWELL, JOHN G.
STREET ADDRESS	225 LIBERTY ST, 42ND FL
CITY - ST - ZIP	NEW YORK NY
TITLE	VD
NAME	ASSENNATO, VINCENT
STREET ADDRESS	225 LIBERTY ST, 42ND FL
CITY - ST - ZIP	NEW YORK NY
TITLE	VSD
NAME	SKAY, MICHAEL C.
STREET ADDRESS	225 LIBERTY ST, 42ND FL
CITY - ST - ZIP	NEW YORK NY
TITLE	VT
NAME	O'CONNOR, DENIS
STREET ADDRESS	225 LIBERTY ST, 42ND FL
CITY - ST - ZIP	NEW YORK NY
TITLE	D
NAME	WALKER, CHARLES R. III
STREET ADDRESS	225 LIBERTY ST, 42ND FL
CITY - ST - ZIP	NEW YORK NY
TITLE	D
NAME	BROWNE, FRANCIS S.
STREET ADDRESS	225 LIBERTY ST, 42ND FL
CITY - ST - ZIP	NEW YORK NY

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	<input type="checkbox"/> Change <input 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Dennis O'Connor* 1/20/95 212-416-5700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Dennis O'Connor**