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May 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P26889**

1. Corporation Name
WINTERTHUR REINSURANCE CORPORATION OF AMERICA



DO NOT WRITE IN THIS SPACE

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**

3. Date Incorporated or Qualified
11/13/1989

4. FEI Number
13-3531373

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

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
32317

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WOOD, ROBERT C	
STREET ADDRESS	225 LIBERTY ST, 42ND FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ASSENATO, VINCENT	
STREET ADDRESS	225 LIBERTY ST, 42ND FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SKAY, MICHAEL C.	
STREET ADDRESS	225 LIBERTY ST, 42ND FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	O'CONNOR, DENIS	
STREET ADDRESS	225 LIBERTY ST, 42ND FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCDONALD, JOSEPH F	
STREET ADDRESS	225 LIBERTY ST, 42ND FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MOORE, SCOTT D	
1.3 STREET ADDRESS	225 Liberty Street, 42nd Floor	
1.4 CITY-ST-ZIP	New York, NY 10281	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ADIMARI, JOHN N	
2.3 STREET ADDRESS	225 Liberty Street, 42nd Floor	
2.4 CITY-ST-ZIP	New York, NY 10281	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FILLEBEEN, JEAN-PIERRE	
4.3 STREET ADDRESS	225 Liberty Street, 42nd Floor	
4.4 CITY-ST-ZIP	New York, NY 10281	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WOOD, ROBERT C	
5.3 STREET ADDRESS	225 Liberty Street, 42nd Floor	
5.4 CITY-ST-ZIP	New York, NY 10281	
6.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ASSENATO, VINCENT T	
6.3 STREET ADDRESS	225 Liberty Street, 42nd Floor	
6.4 CITY-ST-ZIP	New York, NY 10281	

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: *Michael Skay* 4/23/99 212-416-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)