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 MAY -1 PM 1:18

DOCUMENT # **582277** **(0)**

1. Corporation Name
CAPITAL ASSURANCE COMPANY, INC.

Principal Place of Business	Mailing Address
55 ALHAMBRA PLAZA CORAL GABLES FL 33134	P.O. BOX 149061 CORAL GABLES FL 33114-9061 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/15/1978
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-1847174 ☐ Applied For ☐ Not Applicable

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 XX Yes ☐ No

9. Name and Address of Current Registered Agent

GORDON, NANCY P.
CAPITAL ASSURANCE COMPANY, INC
55 ALHAMBRA PLAZA
CORAL GABLES FL 33134

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change XX Addition ~~D~~
NAME	GRABO, ANDERS	12 NAME	~~Narciso, Anthony J., Jr.~~ DELETE
STREET ADDRESS	ONE LIBERTY PLAZA	13 STREET ADDRESS	~~One Liberty Plaza~~
CITY-ST-ZIP	NEW YORK NY	14 CITY-ST-ZIP	~~New York, NY 10006~~
TITLE	DVT	21 TITLE	☐ Change XX Addition D
NAME	RODRIGUEZ-SCOTT MARIA L	22 NAME	Alexander, Donald R.
STREET ADDRESS	55 ALHAMBRA PLAZA	23 STREET ADDRESS	One Liberty Plaza
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP	New York, NY 10006
TITLE	VD	31 TITLE	☐ Change XX Addition V
NAME	ELLIS, FRED K	32 NAME	Rauschenberg, Richard A.
STREET ADDRESS	ONE LIBERTY PLAZA	33 STREET ADDRESS	1286 Carmichael Way
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP	Montgomery, AL 36106
TITLE	DP	41 TITLE	☐ Change XX Addition V
NAME	CHAFFIN, RANDELL C.	42 NAME	Marshall, John D.
STREET ADDRESS	55 ALHAMBRA PLAZA	43 STREET ADDRESS	55 Alhambra Plaza
CITY-ST-ZIP	CORAL GABLES FL	44 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	CO	51 TITLE	☐ Change XX Addition CD
NAME	OSWALD, STEVEN	52 NAME	Lindkvist, Hakan
STREET ADDRESS	55 ALHAMBRA PLAZA	53 STREET ADDRESS	One Liberty Plaza
CITY-ST-ZIP	CORAL GABLES FL	54 CITY-ST-ZIP	New York, NY 10006
TITLE	S	61 TITLE	XX Change ☐ Addition D
NAME	GORDON, NANCY P.	62 NAME	Grabo, Anders
STREET ADDRESS	55 ALHAMBRA PLAZA	63 STREET ADDRESS	One Liberty Plaza
CITY-ST-ZIP	CORAL GABLES FL	64 CITY-ST-ZIP	New York, NY 10006

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. 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: Randell C. Chaffin — Randell C. Chaffin — April 20, 1995 — (305) 461-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

020813 CP

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CAPITAL ASSURANCE COMPANY, INC.
1995 ANNUAL CORPORATION REPORT

ATTACHMENT
March, 1995

ITEM 12. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

Title	Name	Street Address	City and State
			Change___Addition X
V	Hancock, Robert H.	1100 Abernathy Rd.	Atlanta, GA
			Change___Addition X
V	Santore, William V.	55 Alhambra Plaza	Coral Gables, FL