FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 08/15/1978	3a. Date of Last Report: 05/01/1995
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 ☒ Yes ☐ No	

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

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 required for printed name of registered agent if not the officer above (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D/C	☐ Change ☒ Addition
NAME	ALEXANDER, DONALD R		1.2 NAME	Grabo, Anders	
STREET ADDRESS	ONE LIBERTY PLAZA		1.3 STREET ADDRESS	One Liberty Plaza	
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP	New York, NY 10006	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RAUSCHENBERG, RICHARDA		2.2 NAME		
STREET ADDRESS	1286 CARMICHAEL WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	MONTGOMERY AL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MARSHALL, JOHN D		3.2 NAME		
STREET ADDRESS	55 ALHAMBRA PLAZA		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP		
TITLE	CD	☒ DELETE	4.1 TITLE	D/P	☐ Change ☒ Addition
NAME	LINDKVIST, HAKAN		4.2 NAME	Chaffin, Randell C.	
STREET ADDRESS	ONE LIBERTY PLAZA		4.3 STREET ADDRESS	55 Alhambra Plaza	
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	S	☐ DELETE	5.1 TITLE	D/S	☒ Change ☐ Addition
NAME	GORDON, NANCY P.		5.2 NAME	Gordon, Nancy P.	
STREET ADDRESS	55 ALHAMBRA PLAZA		5.3 STREET ADDRESS	55 Alhambra Plaza	
CITY-ST-ZIP	CORAL GABLES FL		5.4 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		☐ DELETE	6.1 TITLE	D/V/T	☐ Change ☒ Addition
NAME			6.2 NAME	Rodriguez-Scott, Maria L.	
STREET ADDRESS			6.3 STREET ADDRESS	55 Alhambra Plaza	
CITY-ST-ZIP	See attached supplemental list		6.4 CITY-ST-ZIP	Coral Gables, FL 33134	

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)(k), 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: R.C. Chaffin Randell C. Chaffin, Pres. 2/29/96 (305) 461-7449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

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Capital Assurance Company, Inc.
Supplemental Listing of Officers and Directors
Item Nos. 12 and 13 to the
State of Florida, Secretary of State
1996 Profit Corporation Annual Report

ITEM NOS. 12 and 13 OFFICERS AND DIRECTORS (Additions)

Title	D/V
Name	Ellis, Fred K.
Street Address	One Liberty Plaza
City/State/Zip	New York, NY 10006

Title	D
Name	Narciso, Jr., Anthony J.
Street Address	One Liberty Plaza
City/State/Zip	New York, NY 10006

Title	D
Name	Skogh, Jan
Street Address	One Liberty Plaza
City/State/Zip	New York, NY 10006

Title	V
Name	Santore, William V.
Street Address	55 Alhambra Plaza
City/State/Zip	Coral Gables, FL 33134

Title	V
Name	Hancock, Robert H.
Street Address	500 Northpark Town Center 1100 Abernathy Rd., #625
City/State/Zip	Atlanta, GA 30328

Title	V
Name	Lerner, Martin R.
Street Address	55 Alhambra Plaza
City/State/Zip	Coral Gables, FL 33134

Title	Ctrl
Name	Oswald, Steven
Street Address	55 Alhambra Plaza
City/State/Zip	Coral Gables, FL 33134