

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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  
55 ALHAMBRA PLAZA  
CORAL GABLES FL 33134

Mailing Address  
P.O. BOX 149061  
CORAL GABLES FL 33114-9061  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/15/1978	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1847174		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 John D. Marshall 82. Street Address (P.O. Box Number is Not Acceptable) Capital Assurance Company Inc. 83. 55 Alhambra Plaza 84. City Coral Gables FL 85. Zip Code 33134	
---	--	---	--

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 *John D. Marshall* John D. Marshall *WKC* 3/23/98  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVD BERTH MAAS 55 ALHAMBRA PLAZA CORAL GABLES FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT STEVEN OSWALD 55 ALHAMBRA PLAZA CORAL GABLES FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARSHALL, JOHN D 55 ALHAMBRA PLAZA CORAL GABLES FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRED K. ELLIS ONE EXCHANGE PLAZA, 28TH FLOOR NEW YORK NY <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GORDON, NANCY P. 55 ALHAMBRA PLAZA CORAL GABLES FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARIA L. RODRIGUEZ-SCOTT 55 ALHAMBRA PLAZA CORAL GABLES FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Maria L. Rodriguez-Scott* *WKC* 3/23/98 305-461-5440

CR2E034 (10/97)

**CAPITAL ASSURANCE COMPANY, INC.  
1998 ANNUAL CORPORATION REPORT**

**ITEM 13. Names and Street Addresses Of Each Officer and Director**

	<b>Title</b>	<b>Name</b>	<b>Street Address</b>	<b>City, State, Zip</b>
7.	D	Jan Skogh	One Exchange Plaza, 28th floor	New York, NY 10006
8.	D	Jan Wangard	Barks vag 15, Solna	S-103 50 Stockolm, Sweden