

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 # 807215 (9)

1. Corporation Name

ASSURANCE COMPANY OF AMERICA



Principal Place of Business

ONE BATTERY PARK PLAZA
NEW YORK NY 10004
US

Mailing Address

P O BOX 1228
BALTIMORE MD 21203
US

3. Date Incorporated or Qualified 12/09/1946	3a. Date of Last Report 01/24/1995
4. FEI Number 13-6081895	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 type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

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

(Signature of person who is the registered agent and the applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SSVP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELLOWS, GEORGE W.	1.2 NAME	
STREET ADDRESS	3910 KESWICK ROAD	1.3 STREET ADDRESS	
CITY- ST- ZIP	BALTIMORE MD	1.4 CITY- ST- ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEELY, MICHAEL D	2.2 NAME	
STREET ADDRESS	3910 KESWICK RD	2.3 STREET ADDRESS	
CITY- ST- ZIP	BALTIMORE MD	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLINDER, WILLIAM HOWARD	3.2 NAME	
STREET ADDRESS	800 N. PLAZA DRIVE	3.3 STREET ADDRESS	1400 American Lane
CITY- ST- ZIP	SHAUMBURG IL	3.4 CITY- ST- ZIP	
TITLE	PD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARANIK, JOHN A	4.2 NAME	
STREET ADDRESS	3910 KESWICK RD	4.3 STREET ADDRESS	
CITY- ST- ZIP	BALTIMORE MD	4.4 CITY- ST- ZIP	
TITLE	VD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILWAY, BARRY J	5.2 NAME	
STREET ADDRESS	3910 KESWICK RD	5.3 STREET ADDRESS	
CITY- ST- ZIP	BALTIMORE MD	5.4 CITY- ST- ZIP	
TITLE	DV	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDDY, JEANNE H	6.2 NAME	
STREET ADDRESS	3910 KESWICK RD	6.3 STREET ADDRESS	
CITY- ST- ZIP	BALTIMORE MD	6.4 CITY- ST- ZIP	

14. I 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:

George W. Fellows 3/4/96

410-338-9176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034 (12/95)