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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
ONE BATTERY PARK PLAZA NEW YORK NY 10004 US	P O BOX 1228 BALTIMORE MD 21203-1228 US

3. Date Incorporated or Qualified: 12/09/1946	3a. Date of Last Report: 03/11/1996
4. FEI Number: 13-6081895	☐ 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	10. Name and Address of New Registered Agent
STATE INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SSVP	☐ DELETE	1.1 TITLE	VDT	☐ Change ☒ Addition
NAME	FELLOWS, GEORGE W.		1.2 NAME	Robert F. Zgorski	
STREET ADDRESS	3910 KESWICK ROAD		1.3 STREET ADDRESS	3910 Keswick Road	
CITY-ST-ZIP	BALTIMORE MD		1.4 CITY-ST-ZIP	Baltimore, MD 21211	
TITLE	T	☐ DELETE	2.1 TITLE	V	☒ Change ☐ 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	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BOLINDER, WILLIAM HOWARD		3.2 NAME		
STREET ADDRESS	1400 AMERICAN LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SHAUMBURG IL		3.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	4.1 TITLE		☐ Change ☐ 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	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ 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	☐ DELETE	6.1 TITLE		☐ Change ☐ 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		

CR2E034 (9/96)

14. I do 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: _____ 3/11/97 410-366-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0009065