

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

FILED

Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 21203-1228 US
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2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/09/1946 3a. Date of Last Report 03/11/1996 4. FEI Number 13-6081895 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No
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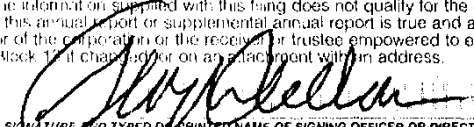
9. Name and Address of Current Registered Agent STATE INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Section 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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SSVP	1.1 TITLE	VDT
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	2.1 TITLE	V
NAME	MCEELY, 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	
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	4.1 TITLE	
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	5.1 TITLE	
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	
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 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 #