

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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **811291** (4)

1. Corporation Name
WINTERTHUR LIFE RE INSURANCE COMPANY

Principal Place of Business 2727 TURTLE CREEK BOULEVARD DALLAS TX 75219	Mailing Address P. O. BOX 650391 DALLAS TX 75265-0391
---	---



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/10/1956	3a. Date of Last Report 04/17/1996
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 75-6020048	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
INSURANCE COMMISSIONER CAPITOL BLDG TALLAHASSEE FL		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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUERPF, WILLI EDWARD	1.2 NAME	
STREET ADDRESS	GENERAL GUISSAN STRASSE 40	1.3 STREET ADDRESS	
CITY-ST-ZIP	8401 WINTERTHUR	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARDIN, ALEXANDER G	2.2 NAME	
STREET ADDRESS	2727 TURTLE CREEK BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75219	2.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRILL, JOHN MICHAEL	3.2 NAME	
STREET ADDRESS	2727 TURTLE CREEK BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75219	3.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DITTO, MICHAEL EUGENE	4.2 NAME	
STREET ADDRESS	2727 TURTLE CREEK BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75219	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, JAMES FRANCIS	5.2 NAME	
STREET ADDRESS	2727 TURTLE CREEK BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75219	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, GARY YEE EE	6.2 NAME	
STREET ADDRESS	2727 TURTLE CREEK BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75219	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:

John M. Brill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/97 (214) 654-1222
Date Daytime Phone #

CR2E034 (9/96)