

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FILED
Apr 17 1996 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 650091
DALLAS TX 75265-0091**



3. Date Incorporated or Qualified **09/10/1956** 3a. Date of Last Report **05/01/1995**

4. FEI Number **75-6020048** 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 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL**

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

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, typed or printed name of registered agent and title if applicable) (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 GUISAN 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 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:  **John Brill** 4/11/96 (214) 559-1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)