FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:36

DOCUMENT # **813886** **(9)**

1. Corporation Name
THE REINSURANCE CORP OF NEW YORK

Principal Place of Business	Mailing Address
80 MAIDEN LANE NEW YORK N Y 10038	80 MAIDEN LANE NEW YORK N Y 10039

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/15/1959	3a. Date of Last Report: 07/12/1994
4. FEI Number: 13-5339725	☐ 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

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32304

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EVP	1.1 TITLE	☐ Change ☐ Addition
NAME	MATINALE, RICHARD J.	1.2 NAME	
STREET ADDRESS	7 REGENT LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MANHASSETT HILL NY	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WOODBURY, MARION A	2.2 NAME	
STREET ADDRESS	THE LANDINGS-14 DELEGAL	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	FORSYTH, GORDON JR.	3.2 NAME	
STREET ADDRESS	50 ESSEX DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LITTLE SILVER NJ	3.4 CITY-ST-ZIP	
TITLE	SVP	4.1 TITLE	☐ Change ☐ Addition
NAME	DAVEY, IAN G.	4.2 NAME	
STREET ADDRESS	300 GRAND ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOBOKEN NJ	4.4 CITY-ST-ZIP	
TITLE	DP	5.1 TITLE	☐ Change ☐ Addition
NAME	DEMICHELE, ROBERT	5.2 NAME	
STREET ADDRESS	588 OENOKE RIDGE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW CANAAN CT	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	☐ Change ☐ Addition
NAME	RAFTERY, KATHERINE	6.2 NAME	
STREET ADDRESS	C/O 80 MAIDEN LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	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: [signature] KATHERINE RAFTERY 1/18/95 212-363-4460
Date Daytime Phone #