

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

FILED
Jul 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 816159 (8)
1. Corporation Name
THE LONDON ASSURANCE OF AMERICA INC.



Principal Place of Business
10 EAST 50TH ST.
27TH FL.
NEW YORK NY 10022

Mailing Address
25 INDEPENDENCE BLVD
WARREN NJ 07059
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 9300 Arrowpoint Blvd		26 9300 Arrowpoint Blvd		06/18/1962	
Suite, Apt. #, etc		Suite, Apt. #, etc		4. FEI Number	
22		27		13-3635895	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Charlotte, NC		28 Charlotte, NC		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No N/A	
24 28273		29 28273			
Country		Country			
25 US		30 US			

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
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

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 checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEWELL, ALFORD G., JR.			1.2 NAME	SEE ATTACHED FOR COMPLETE LISTING OF OFFICERS AND DIRECTORS		
STREET ADDRESS	145 W. 86TH ST.			1.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			1.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARRICK, ROBERT C.			2.2 NAME			
STREET ADDRESS	25 INDEPENDENCE BLVD			2.3 STREET ADDRESS			
CITY-ST-ZIP	WARREN NJ			2.4 CITY-ST-ZIP			
TITLE	DVT	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MERCLEAN, DAVID B.			3.2 NAME			
STREET ADDRESS	25 INDEPENDENCE BLVD			3.3 STREET ADDRESS			
CITY-ST-ZIP	WARREN NJ			3.4 CITY-ST-ZIP			
TITLE	VS	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EMERY, JOYCE A			4.2 NAME			
STREET ADDRESS	25 INDEPENDENCE BLVD			4.3 STREET ADDRESS			
CITY-ST-ZIP	WARREN NJ			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DRYSDALE, KENNETH G.T.			5.2 NAME			
STREET ADDRESS	10 EAST 50TH STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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.

CR2E034 (10/97)

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-07/13/98--01004--010
***600.00

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**The London Assurance of America Inc.
Directors and Officers
As of December 31, 1997**

Title Code:	C
Name:	Robert Victor Mendelsohn
Street Address:	9300 Arrowpoint Boulevard
City, State, Zip:	Charlotte, NC 28273
Title Code:	P,D
Name:	Terry Broderick
Street Address:	9300 Arrowpoint Boulevard
City, State, Zip:	Charlotte, NC 28273
Title Code:	D
Name:	Andrea Duszenczuk
Street Address:	2351 North Forest Road
City, State, Zip:	Getzville, NY 14068-1225
Title Code:	D,V
Name:	Joseph F. Fisher
Street Address:	9300 Arrowpoint Boulevard
City, State, Zip:	Charlotte, NC 28273
Title Code:	D
Name:	Thomas Arthur Hayes
Street Address:	One Bartholomew Lane
City, State, Zip:	London EC2N 2AB ENGLAND
Title Code:	D
Name:	V. Michael Kogel
Street Address:	Two Jericho Plaza
City, State, Zip:	Jericho, NY 11753-0873
Title Code:	D
Name:	David D. Mackintosh
Street Address:	400 W. Division Street
City, State, Zip:	Syracuse, NY 13204-1438
Title Code:	D,V
Name:	James David McDonald
Street Address:	9300 Arrowpoint Boulevard
City, State, Zip:	Charlotte, NC 28273
Title Code:	D,V
Name:	James F. Noonan
Street Address:	9300 Arrowpoint Boulevard
City, State, Zip:	Charlotte, NC 28273
Title Code:	D,V
Name:	Larry Gene Simmons
Street Address:	9300 Arrowpoint Boulevard
City, State, Zip:	Charlotte, NC 28273

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Title Code: D,V
Name: Paul H. Stewman
Street Address: 9300 Arrowpoint Boulevard
City, State, Zip: Charlotte, NC 28273

Title Code: D
Name: Roger J. Taylor
Street Address: One Bartholomew Lane
City, State, Zip: London EC2N 2AB
ENGLAND

Title Code: D,V,S
Name: Joyce Wethington Wheeler
Street Address: 9300 Arrowpoint Boulevard
City, State, Zip: Charlotte, NC 28273

Title Code: V
Name: Sean Antony Beatty
Street Address: 9300 Arrowpoint Boulevard
City, State, Zip: Charlotte, NC 28273

Title Code: V
Name: David Michael Davenport
Street Address: 9300 Arrowpoint Boulevard
City, State, Zip: Charlotte, NC 28273

Title Code: V,T
Name: Lawrence W. Gowen
Street Address: 9300 Arrowpoint Boulevard
City, State, Zip: Charlotte, NC 28273

Title Code: V
Name: Alan Edward Kaliski
Street Address: 9300 Arrowpoint Boulevard
City, State, Zip: Charlotte, NC 28273

Title Code: V
Name: Elizabeth Jane McLaughlin
Street Address: 9300 Arrowpoint Boulevard
City, State, Zip: Charlotte, NC 28273

Title Code: Assistant Corporate Secretary
Name: Linda Y. Pettigrew
Street Address: 9300 Arrowpoint Boulevard
City, State, Zip: Charlotte, NC 28273