

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:56

DOCUMENT # **847452** (0)
1. Corporation Name
DORINCO REINSURANCE COMPANY

Principal Place of Business Mailing Address
1320 WALDO AVENUE, SUITE 200 **1320 WALDO AVENUE, SUITE 200**
MIDLAND MI 48642 **MIDLAND MI 48642**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/12/1980** 3a. Date of Last Report **09/23/1994**

4. FEI Number **38-2145898** 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 Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
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 **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 signatures required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
VD
TITLE: **CAPOZZA, ALFRED A. JR.**
NAME: **1320 WALDO AVE. STE 200**
STREET ADDRESS: **MIDLAND MI 48642**
CITY-ST-ZIP:
VD
TITLE: **ROELS, PHILIP M**
NAME: **1320 WALDO AVE., STE 200**
STREET ADDRESS: **MIDLAND MI 48642**
CITY-ST-ZIP:
CD
TITLE: **REINHARD, JOAO PEDRO**
NAME: **2030 DOW CENTER**
STREET ADDRESS: **MIDLAND MI 48640**
CITY-ST-ZIP:
S
TITLE: **POTTS, DAVID A**
NAME: **1320 WALDO AVE., STE 200**
STREET ADDRESS: **MIDLAND MI 48642**
CITY-ST-ZIP:
PD
TITLE: **BRINK, PAUL DAVID**
NAME: **1320 WALDO AVE., STE 200**
STREET ADDRESS: **MIDLAND MI 48642**
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME: **Burroughs, Jerry W. J.**
6.3 STREET ADDRESS: **1320 Waldo Avenue, Suite 100**
6.4 CITY-ST-ZIP: **Midland MI 48642**

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 110.07(3)(b), 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: *Alfred A. Capozza, Jr.* 2/20/95 (517) 636-0047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
Alfred A. Capozza, Jr., Vice President & Controller/Dorinco Reinsurance Company