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

APPROVED AND FILED
95 APR 11 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **852473** **(8)**

1. Corporation Name
SIGNET REINSURANCE COMPANY

Principal Place of Business	Mailing Address
100 CAMPUS DR P O BOX 853 FLORHAM PK NJ 07932 US	100 CAMPUS DRIVE P O BOX 853 FLORHAM PK NJ 07932 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/06/1982
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 47-0574325 ☐ 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

9. Name and Address of Current Registered Agent

FL INSURANCE COMMISSIONER
THE CAPITAL
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 familar 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	~~D~~	1.1 TITLE	V/D	☐ Change ☒ Addition
NAME	~~THOMAS, EDWARD A.~~	1.2 NAME	Lombardozzi, Michael E.	
STREET ADDRESS	~~21 LOUNSBURY ROAD~~	1.3 STREET ADDRESS	100 Campus Dr.	
CITY-ST-ZIP	~~RIDGEFIELD CT~~	1.4 CITY-ST-ZIP	Florham Park, NJ 07932-0853	
TITLE	PD	2.1 TITLE	D	☐ Change ☒ Addition
NAME	ERICKSON, CHARLES EDWARD	2.2 NAME	McCleary, James W.	
STREET ADDRESS	100 CAMPUS DR, P O BOX 853	2.3 STREET ADDRESS	One Canterbury Green	
CITY-ST-ZIP	FLORHAM PK NJ	2.4 CITY-ST-ZIP	Stamford, CT 06901	
TITLE	~~TV~~	3.1 TITLE		☒ Change ☐ Addition
NAME	~~WENZL, LLOYD WAYNE~~	3.2 NAME		
STREET ADDRESS	~~100 CAMPUS DR, P O BOX 853~~	3.3 STREET ADDRESS		
CITY-ST-ZIP	~~FLORHAM PK NJ~~	3.4 CITY-ST-ZIP		
TITLE	~~COB~~	4.1 TITLE	D	☐ Change ☒ Addition
NAME	~~BERKLEY, WILLIAM ROBERT~~	4.2 NAME	Migliorini, James E.	
STREET ADDRESS	~~20 INTERLAKEN RD.~~	4.3 STREET ADDRESS	100 Campus Dr.	
CITY-ST-ZIP	~~GREENWICH CT~~	4.4 CITY-ST-ZIP	Florham Park, NJ 07932-0853	
TITLE	D	5.1 TITLE	VTS/D	☐ Change ☒ Addition
NAME	HANSEN, LARRY A	5.2 NAME	Myer, Dale A.	
STREET ADDRESS	100 CAMPUS DR, P O BOX 853	5.3 STREET ADDRESS	100 Campus Dr.	
CITY-ST-ZIP	FLORHAM PK NJ	5.4 CITY-ST-ZIP	Florham Park, NJ 07932-0853	
TITLE	D	6.1 TITLE	D/C	☒ Change ☐ Addition
NAME	VOLLARO, JOHN D.	6.2 NAME		
STREET ADDRESS	100 CAMPUS DR, P O BOX 853	6.3 STREET ADDRESS		
CITY-ST-ZIP	FLORHAM PK NJ	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)(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: Michael E. Lombardozzi 4/6/95
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Michael E. Lombardozzi

0304892 FP