

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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000000711 (0)**

1. Corporation Name
RECOR INSURANCE COMPANY INC.

Principal Place of Business
**80 MAIDEN LANE
NEW YORK NY 10036**

Mailing Address
**80 MAIDEN LANE
NEW YORK NY 10038-4811**



2. Principal Place of Business 21 500 NORTH BROADWAY Suite, Apt. #, etc. 22 SUITE 142 City & State 23 JERICHO, NEW YORK Zip 24 11753		2a. Mailing Address 26 500 NORTH BROADWAY Suite, Apt. #, etc. 27 SUITE 142 City & State 28 JERICHO, NEW YORK Zip 29 11753 Country 30 USA		3. Date Incorporated or Qualified 02/13/1995	3a. Date of Last Report 02/13/1996
		4. FEI Number 13-3641796		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300**

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 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	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMICHELE, ROBERT M	1.2 NAME	RICHARD E. COLE
STREET ADDRESS	80 MAIDEN LANE	1.3 STREET ADDRESS	500 NORTH BROADWAY
CITY - ST - ZIP	NEW YORK NY	1.4 CITY - ST - ZIP	JERICHO, NEW YORK 11753
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSINGER, STEVEN J	2.2 NAME	500 NORTH BROADWAY
STREET ADDRESS	300 ATLANTIC STREET, 4TH FLOOR	2.3 STREET ADDRESS	JERICHO, NEW YORK 11753
CITY - ST - ZIP	STAMFORD CT	2.4 CITY - ST - ZIP	JERICHO, NEW YORK 11753
TITLE	VPS <input type="checkbox"/> DELETE	3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, KATHLEEN M	3.2 NAME	500 NORTH BROADWAY
STREET ADDRESS	300 ATLANTIC STREET, 4TH FLOOR	3.3 STREET ADDRESS	JERICHO, NEW YORK 11753
CITY - ST - ZIP	STAMFORD CT	3.4 CITY - ST - ZIP	JERICHO, NEW YORK 11753
TITLE	VPT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VPT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, RICHARD A	4.2 NAME	CAROLE ANCE-KIRK
STREET ADDRESS	300 ATLANTIC STREET, 4TH FLOOR	4.3 STREET ADDRESS	500 NORTH BROADWAY
CITY - ST - ZIP	STAMFORD CT	4.4 CITY - ST - ZIP	JERICHO, NEW YORK 11753
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEPIETRA, ANTHONY	5.2 NAME	CHARLES E. MEYERS
STREET ADDRESS	80 MAIDEN LANE	5.3 STREET ADDRESS	500 NORTH BROADWAY
CITY - ST - ZIP	NEW YORK NY 10036	5.4 CITY - ST - ZIP	JERICHO, NEW YORK 11753
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIMERANO, RICHARD B	6.2 NAME	500 NORTH BROADWAY
STREET ADDRESS	300 ATLANTIC STREET, 4TH FLOOR	6.3 STREET ADDRESS	JERICHO, NEW YORK 11753
CITY - ST - ZIP	STAMFORD CT	6.4 CITY - ST - ZIP	JERICHO, NEW YORK 11753

14. I do 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.

SIGNATURE:  **KATHLEEN M. CARROLL** 4-28-97 (203) 705-2530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)