

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

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PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000006221 (4)**

1. Corporation Name
CONTIFINANCIAL CORPORATION



Principal Place of Business
**277 PARK AVENUE
NEW YORK NY 10172**

Mailing Address
**277 PARK AVENUE
NEW YORK NY 10172**

3. Date Incorporated or Qualified
12/21/1995

3a. Date of Last Report

2. Principal Place of Business
21 **277 PARK AVENUE**

2a. Mailing Address
26 **277 PARK AVENUE**

4. FEI Number
13-3852588

Applied For
Not Applicable

23 **NEW YORK, NY**

28 **NEW YORK, NY**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **10172** 25 **USA**

29 **10172** 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	MOORE, JAMES E	
STREET ADDRESS	155A EAST 71 STREET, APT. #1	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	MAJOR, ROBERT A	
STREET ADDRESS	1576 MERRYWEATHER DRIVE	
CITY-ST-ZIP	BETHLEHEM PA 18015	
TITLE	SRV	<input type="checkbox"/> DELETE
NAME	ABELES, PETER	
STREET ADDRESS	10244 OJAI-SANTA PAULA RD	
CITY-ST-ZIP	OJAI CA 93023	
TITLE	SRV	<input type="checkbox"/> DELETE
NAME	BANU, A J	
STREET ADDRESS	5 SURREY LANE	
CITY-ST-ZIP	MAHWAH NJ 07430	
TITLE	SRV	<input type="checkbox"/> DELETE
NAME	GOLDMAN, GLENN S	
STREET ADDRESS	6 SNIFFEN ROAD	
CITY-ST-ZIP	ARMONK NY 10504	
TITLE	SRV	<input type="checkbox"/> DELETE
NAME	MANNES, SCOTT M	
STREET ADDRESS	11 CHARTER COURT	
CITY-ST-ZIP	BASKING RIDGE NJ 07920	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	See attached
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	500001779655
12. CITY-ST-ZIP	-04/15/96--01028--025
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	***200.00
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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 correct to the best of my knowledge and belief, 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 or assignee of the corporation, or the receiver or trustee or assignee of the corporation, and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

212 207-5100
Date: _____
Filing Fee: _____

CFR2E034 (12/95)

CONTIFINANCIAL CORPORATION # F95000006221

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LIST OF OFFICERS AND DIRECTORS

OFFICERS

TITLE	NAME	ADDRESS
Chairman of the Board	James J. Bigham	277 Park Avenue New York, NY 10172
President and Chief Executive Officer	James E. Moore	277 Park Avenue New York, NY 10172
Executive Vice President	Robert A. Major	500 Enterprise Road Horsham, PA 19044
Senior Vice President	Peter Abeles	277 Park Avenue New York, NY 10172
Senior Vice President	A. John Banu	277 Park Avenue New York, NY 10172
Senior Vice President	Glenn S. Goldman	277 Park Avenue New York, NY 10172
Senior Vice President	Scott M. Mannes	277 Park Avenue New York, NY 10172
Senior Vice President	Robert J. Babjak	500 Enterprise Road Horsham, PA 19044
Senior Vice President	Daniel J. Egan	500 Enterprise Road Horsham, PA 19044
Senior Vice President	James E. Pedrick	500 Enterprise Road Horsham, PA 19044
Senior Vice President and Chief Financial Officer	Jerome M. Perelson	277 Park Avenue New York, NY 10172
Vice President – Chief Counsel and Secretary	Alan L. Langus	277 Park Avenue New York, NY 10172
Vice President – Human Resources	Michael J. Festo	277 Park Avenue New York, NY 10172

Vice President and
Controller

Susan E. O'Donovan

277 Park Avenue
New York, NY 10172

DIRECTORS

James J. Bigham

277 Park Avenue
New York, NY 10172

Paul J. Fribourg

277 Park Avenue
New York, NY 10172

Donald L. Staheli

277 Park Avenue
New York, NY 10172

Daniel J. Willett

277 Park Avenue
New York, NY 10172

Lawrence G. Wepler

277 Park Avenue
New York, NY 10172

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MARCH 29, 1996

ANNUAL REPORTS SECTION
DIVISION OF CORPORATIONS
P.O. BOX 13900
TALLAHASSEE, FL 32317

RE: CONTIFINANCIAL CORPORATION
ID #: 13-3852588

Gentlemen:

On behalf of the above named, please find enclosed the following:

Income Tax Return, Form _____ Extension Request, Form# _____
 Franchise Tax Return, Form# _____ Annual Reports, Form# _____
 Estimated Tax Report, Form# _____
Other: Description _____

For the Fiscal Year Ended March 31, 1996.

quarter ended _____, _____, 199__.
 period 1996.

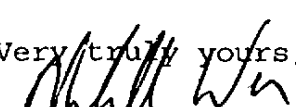
Also enclosed is a check in the amount of \$ 200.00 in satisfaction of the required amount due.

No payment is required to be submitted with the enclosed.

The enclosed reflects an overpayment of \$ to be \$ _____ refunded \$ credited to estimated liability.

Please acknowledge receipt of the enclosed by stamping or signing the duplicate of this letter and returning it in the stamped self-addressed envelope enclosed.

Very truly yours,


Michelle Weiss