

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90209 003 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F97000003614**

1. Corporation Name  
**RISK CAPITAL REINSURANCE COMPANY**



Principal Place of Business  
 20 HORSENECK LANE  
 GREENWICH CT 06380

Mailing Address  
 20 HORSENECK LANE  
 GREENWICH CT 06380

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

3. Date Incorporated or Qualified  
**07/11/1997**

4. FEI Number  
**06-1430254**

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 owes the current year Intangible Personal Property Tax.  Yes  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	
TITLE	C <input type="checkbox"/> DELETE
NAME	CLEMENTS, ROBERT
STREET ADDRESS	20 HORSENECK LANE
CITY-ST-ZIP	GREENWICH CT 06380
TITLE	D <input type="checkbox"/> DELETE
NAME	BARRETT, FRANCIS J
STREET ADDRESS	10306 REGENCY PARKWAY DR
CITY-ST-ZIP	OMAHA NE 68115
TITLE	D <input type="checkbox"/> DELETE
NAME	DUGAN, MICHAEL J
STREET ADDRESS	10306 REGENCY PARKWAY
CITY-ST-ZIP	OMAHA NE 68115
TITLE	PCEO <input type="checkbox"/> DELETE
NAME	MOSCA, MARK D
STREET ADDRESS	20 HORSENECK LANE
CITY-ST-ZIP	GREENWICH CT 06380
TITLE	SD <input type="checkbox"/> DELETE
NAME	APPEL, PETER A
STREET ADDRESS	20 HORSENECK LANE
CITY-ST-ZIP	GREENWICH CT 06380
TITLE	CFOT <input type="checkbox"/> DELETE
NAME	MALVASIO, PAUL J
STREET ADDRESS	20 HORSENECK LANE
CITY-ST-ZIP	GREENWICH CT 06380

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

**SIGNATURE** *Paul J. Malvasio* **SIGNATURE REQUIRED** *Paul J. Malvasio*  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/27/99** Daytime Phone # **203-862-4300**

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CR2E034 (1/198)