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FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000004652 (0)

1. Corporation Name

SWISS-AM REASSURANCE COMPANY

Principal Place of Business

237 PARK AVE
NEW YORK NY 10017

Mailing Address

237 PARK AVE
NEW YORK NY 10017



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1997

4. FEI Number

22-2374444

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BROWN, MARY ANN	
STREET ADDRESS	245 EAST 44TH ST STE 7C	
CITY-ST-ZIP	NEW YORK NY 10017	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GEE, KIN KEUNG	
STREET ADDRESS	3 HARDING LANE	
CITY-ST-ZIP	RUMSON NJ 07780	

TITLE	CD	<input type="checkbox"/> DELETE
NAME	HART, JEFF R	
STREET ADDRESS	185 MOUNTAIN AVE	
CITY-ST-ZIP	MONTCLAIR NJ 07042	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HEILBRON, EDWARD R	
STREET ADDRESS	7 MIDDLESEX ST	
CITY-ST-ZIP	WELLESLEY MA	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MANGINO, ROBERT M	
STREET ADDRESS	78 MAY DRIVE	
CITY-ST-ZIP	CHATHAM NJ 07928	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	PATERNOSTRO, PETER J	
STREET ADDRESS	ONE SHEPARD PLACE	
CITY-ST-ZIP	CONVENT STATION NJ 07961	

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.

SIGNATURE Peter J. Paternostro

1/9/98 (212) 907-8843

CR2E034 (10/97)