

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90002 050 \*\*\*150.00

DOCUMENT # F97000004652

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  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

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 checked="" 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 checked="" type="checkbox"/> DELETE
NAME	GEE, KIN KEUNG	
STREET ADDRESS	3 HARDING LANE	
CITY-ST-ZIP	RUMSON NJ 07760	
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 checked="" type="checkbox"/> DELETE
NAME	MANGINO, ROBERT M	
STREET ADDRESS	78 MAY DRIVE	
CITY-ST-ZIP	CHATHAM NJ 07928	
TITLE	SD	<input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PRESIDENT
2.3 STREET ADDRESS	CHRIS CONRAD STROUP
2.4 CITY-ST-ZIP	182 DEER RUN ROAD WILTON, CT 06897
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DIRECTOR
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SECRETARY/DIRECTOR
6.3 STREET ADDRESS	STEPHEN CRAIG NESBITT
6.4 CITY-ST-ZIP	134 ST. CLEMENTS AVENUE TORONTO, ONTARIO, CANADA

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:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

Date

(203) 321-3000

Daytime Phone #

CR2E034 (11/98)