FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FATE
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FILED : 18
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 11:18

DOCUMENT # P05851 (1)

1. Corporation Name
COLOGNE REINSURANCE COMPANY OF AMERICA

Principal Place of Business	Mailing Address
30 OAK STREET STAMFORD CT 06905	30 OAK STREET STAMFORD CT 06905

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/30/1985
3a. Date of Last Report: 02/11/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 06-0949141 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCO	1.1 TITLE	☐ Change ☐ Addition
NAME	SLATTERY, WILLIAM P.	1.2 NAME	
STREET ADDRESS	30 OAK ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	1.4 CITY-ST-ZIP	
TITLE	EV	2.1 TITLE	☐ Change ☐ Addition
NAME	VOSBURGH, JEFFREY E	2.2 NAME	
STREET ADDRESS	30 OAK ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	☐ Change ☐ Addition
NAME	KLEIN, MICHAEL D	3.2 NAME	
STREET ADDRESS	30 OAK ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	AHRENS, CONRAD F	4.2 NAME	
STREET ADDRESS	55 WATER ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ALTERMATT, PAUL B	5.2 NAME	
STREET ADDRESS	51 MAIN ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW MILFORD CT	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MAGSIG, MICHAEL F.	6.2 NAME	
STREET ADDRESS	30 OAK STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	6.4 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)(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: Michael D. Klein MICHAEL D. KLEIN 01/19/95 203-327 3020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000393 CP