

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P05851 (1)**
1. Corporation Name
COLOGNE REINSURANCE COMPANY OF AMERICA



Principal Place of Business
**30 OAK STREET
STAMFORD CT 06905**

Mailing Address
**30 OAK STREET
STAMFORD CT 06905**

3. Date Incorporated or Qualified
04/30/1985

3a. Date of Last Report
02/20/1995

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

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

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

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
85 Zip Code
FL

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 the corporation

(NOTE: Registered Agent Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCO	<input checked="" type="checkbox"/> DELETE
NAME	SLATTERY, WILLIAM P.	
STREET ADDRESS	30 OAK ST.	
CITY-STATE-ZIP	STAMFORD CT	
TITLE	EV	<input checked="" type="checkbox"/> DELETE
NAME	VOSBURGH, JEFFREY E	
STREET ADDRESS	30 OAK ST.	
CITY-STATE-ZIP	STAMFORD CT	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	KLEIN, MICHAEL D	
STREET ADDRESS	30 OAK ST.	
CITY-STATE-ZIP	STAMFORD CT	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AHRENS, CONRAD F	
STREET ADDRESS	55 WATER ST	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALTERMATT, PAUL B	
STREET ADDRESS	51 MAIN ST	
CITY-STATE-ZIP	NEW MILFORD CT	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAGSIG, MICHAEL F.	
STREET ADDRESS	30 OAK STREET	
CITY-STATE-ZIP	STAMFORD CT	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

See Attachment

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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 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:

Annette M. Morrill
Annette M. Morrill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96
Date

203-328-5000
Dialing Phone #

CP2E034 (12/95)

COLOGNE REINSURANCE COMPANY OF AMERICA

William P. Slattery 155 Field Point Road 4So. Greenwich, CT 06830	President	Director
Annette M. Morrill 31 Sherwood Place Greenwich, CT 06830	Secretary/ Treasurer/ Vice President	Director
Gerald F. Burke, Jr. 135 Brandywine Dr. Hudson, OH	Vice President	
Jeffrey E. Vosburgh 26 Salt Box Lane East Darien, CT 06820	Vice President	Director
Gregory A. Cuzzi 3 Indian Hill Rd., RD6 Brewster, NY 10509	Vice President	
Dr. Lothar Meyer Kolnische Ruckversicherungs-Gesellschaft AG Cologne, Germany		Director