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FILED

Apr 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 06905-5313



2. Principal Place of Business

21 695 East Main Street

Suite, Apt. #, etc.

22

City & State

23 Stamford, CT

Zip

24 06904

Country

25 USA

2a. Mailing Address

26 695 East Main Street

Suite, Apt. #, etc.

27

City & State

28 Stamford, CT

Zip

29 06904

Country

30 USA

3. Date Incorporated or Qualified

04/30/1985

3a. Date of Last Report

04/09/1996

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

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	PD	<input type="checkbox"/> DELETE
NAME	SLATTERY, WILLIAM P	
STREET ADDRESS	155 FIELD POINT ROAD 4SO.	
CITY - ST - ZIP	GREENWICH CT 06830	
TITLE	STVD	<input type="checkbox"/> DELETE
NAME	MORRILL, ANNETTE M	
STREET ADDRESS	31 SHERWOOD PLACE	
CITY - ST - ZIP	GREENWICH CT 06830	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BURKE, GERALD F JR.	
STREET ADDRESS	135 BRANDYWINE DR.	
CITY - ST - ZIP	HUDSON OH	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	VOSBURGH, JEFFREY E	
STREET ADDRESS	26 SALT BOX LANE EAST	
CITY - ST - ZIP	DARIEN CT 06820	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CUZZI, GREGORY A	
STREET ADDRESS	3 INDIAN HILL RD., RD8	
CITY - ST - ZIP	BREWSTER NY 10509	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MEYER, LOTHAR DR.	
STREET ADDRESS	KOLNISCHE RUCKVERSICHERUNGS-GELSELLSCHAFT	
CITY - ST - ZIP	GA COLOGNE, GERMANY	

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	TVD
2.3 STREET ADDRESS	Same
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S
3.3 STREET ADDRESS	Denis, Robert
3.4 CITY - ST - ZIP	530 Grand Street New York, NY
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	Same
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 checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	Gerhardt, Hans-Peter
6.4 CITY - ST - ZIP	Same

14. I do 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:

Robert Denis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/97

Date

203-328-5000

Daytime Phone #

CR2E034 (9/96)