2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005
Secretary of State

DOCUMENT# P05851

Entity Name: COLOGNE REINSURANCE COMPANY OF AMERICA

Current Principal Place of Business:

695 E MAIN ST
STAMFORD, CT 06904 US

New Principal Place of Business:

Current Mailing Address:

695 E MAIN ST
STAMFORD, CT 06904 US

New Mailing Address:

FEI Number: 06-0949141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PCEO	( ) Delete
Name:	GASDASKA, WILLIAM G JR	
Address:	695 E MAIN ST	
City-St-Zip:	STAMFORD, CT 06904	
Title:	TVD	( ) Delete
Name:	MORRILL, ANNETTE M	
Address:	25 SOUND AVENUE	
City-St-Zip:	STAMFORD, CT 06902	
Title:	S	( ) Delete
Name:	DENIS, ROBERT	
Address:	530 GRAND ST	
City-St-Zip:	NEW YORK, NY	
Title:	D	( ) Delete
Name:	VOSBURGH, JEFFREY E	
Address:	26 SALT BOX LANE EAST	
City-St-Zip:	DARIEN, CT	
Title:	D	( ) Delete
Name:	GERHARDT, HANS-PETER	
Address:	KOLNISCHE RUCKVERSICHERUNGS-GELSELLSCHAFT	
City-St-Zip:	GA COLOGNE, GR	
Title:	AS	( ) Delete
Name:	MCCARTY, RICHARD G	
Address:	695 EAST MAIN STREET	
City-St-Zip:	STAMFORD, CT 06901	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	GASDASKA, WILLIAM G JR	
Address:	695 EAST MAIN STREET	
City-St-Zip:	STAMFORD, CT 06901	
Title:	D	(X) Change ( ) Addition
Name:	VOCKE, DAMON N	
Address:	695 EAST MAIN STREET	
City-St-Zip:	STAMFORD, CT 06901	
Title:	AS	(X) Change ( ) Addition
Name:	QUINN, ANNE M	
Address:	695 EAST MAIN STREET	
City-St-Zip:	STAMFORD, CT 06901	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE M. QUINN AS 02/02/2005
Electronic Signature of Signing Officer or Director Date