FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P06815** **(5)**

1. Corporation Name

CONSTITUTION REINSURANCE CORPORATION

Principal Place of Business	Mailing Address
110 WILLIAM STREET NEW YORK NY 10038	110 WILLIAM STREET NEW YORK NY 10038

3. Date Incorporated or Qualified: **07/23/1985**

3a. Date of Last Report: **06/27/1995**

4. FEI Number: **13-5009848** ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

THE 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 Section(s) 607.0502 and/or 617.1509, 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	BUNAES, BARD E.		12 NAME		
STREET ADDRESS	110 WILLIAM STREET		13 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		14 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	RUYAK, FRANCIS D.		22 NAME		
STREET ADDRESS	110 WILLIAM STREET		23 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		24 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	HENRY, BURTON I.		32 NAME		
STREET ADDRESS	110 WILLIAM STREET		33 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		34 CITY-ST-ZIP		
TITLE	VSD	☒ DELETE	41 TITLE	V/S	☐ Change ☒ Addition
NAME	POWERS, JAMES J.		42 NAME	KAMINSKY, SYLVIA	
STREET ADDRESS	110 WILLIAM STREET		43 STREET ADDRESS	110 WILLIAM STREET	
CITY-ST-ZIP	NEW YORK NY		44 CITY-ST-ZIP	NEW YORK NY	
TITLE	VCD	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	LOWRY, WILLIAM R. JR.		52 NAME		
STREET ADDRESS	110 WILLIAM STREET		53 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NE		54 CITY-ST-ZIP		
TITLE	VCD	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	DAVIS, WILLIAM F.		62 NAME		
STREET ADDRESS	110 WILLIAM STREET		63 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NE		64 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is absolutely true 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 (A) if new.

SIGNATURE: Sylvia Kaminsky 4/2/96 (212) 225-1233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

Sylvia Kaminsky, Vice President, Senior Counsel and Corporate Secretary