

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 110 WILLIAM STREET
NEW YORK NY 10038 NEW YORK NY 10038

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/23/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		13-5009848	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25		30		Trust Fund Contribution	
				5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
				Yes No	

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	AS (Assistant Secretary)
NAME	BUNAES, BARD E.	1.2 NAME	MARLENE SANTOS
STREET ADDRESS	110 WILLIAM STREET	1.3 STREET ADDRESS	110 WILLIAM STREET
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	NEW YORK, NY 10038
TITLE	PD	2.1 TITLE	
NAME	RUYAK, FRANCIS D.	2.2 NAME	
STREET ADDRESS	110 WILLIAM STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	VT	3.1 TITLE	
NAME	HENRY, BURTON I.	3.2 NAME	
STREET ADDRESS	110 WILLIAM STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	VSD	4.1 TITLE	
NAME	KAMINSKY, SYLVIA	4.2 NAME	
STREET ADDRESS	110 WILLIAM STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	EVPD	5.1 TITLE	
NAME	LOWRY, WILLIAM R. JR.	5.2 NAME	
STREET ADDRESS	110 WILLIAM STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NE	5.4 CITY-ST-ZIP	
TITLE	VCD	6.1 TITLE	
NAME	DAVIS, WILLIAM F.	6.2 NAME	
STREET ADDRESS	110 WILLIAM STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NE	6.4 CITY-ST-ZIP	

14. I 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 *Marlene Santos* ASSISTANT SECRETARY 4/30/98 (312) 925-1230

CR2E034 (10/97)