FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 AM 10: 12

DOCUMENT # P07388 (2)

1. Corporation Name
TRENWICK AMERICA REINSURANCE CORPORATION

Principal Place of Business	Mailing Address
METRO CENTER/ONE STATION PL. STAMFORD, CONNECTICUT 06902	METRO CENTER/ONE STATION PL. STAMFORD, CONNECTICUT 06902

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/11/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24); Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27); City & State (28); Zip (29); Country (30)

4. FEI Number: 06-1117063 ☐ 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 BLDG.
MONROE STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	☒ Change	Addition
NAME	BINET, STEPHEN H.	1.2 NAME		
STREET ADDRESS	11 INDIAN PT LN	1.3 STREET ADDRESS		
CITY-ST-ZIP	WESTPORT CT	1.4 CITY-ST-ZIP	06880	
TITLE	VD	2.1 TITLE	☒ Change	Addition
NAME	GIAMBO, ROBERT A	2.2 NAME		
STREET ADDRESS	3 OSCEOLA DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CT	2.4 CITY-ST-ZIP	06830	
TITLE	VD	3.1 TITLE	☒ Change	Addition
NAME	FELDSHER, PAUL	3.2 NAME		
STREET ADDRESS	16 POWDER MILL LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	TRUMBULL CT	3.4 CITY-ST-ZIP	06611	
TITLE	PCD	4.1 TITLE	☒ Change	Addition
NAME	BILLETT, JAMES F.	4.2 NAME	Billett, Jr. James F.	
STREET ADDRESS	14 JOHN APPLEGATE RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	REDDING CT	4.4 CITY-ST-ZIP	06896	
TITLE	VTD	5.1 TITLE	☒ Change	Addition
NAME	HUNTE, ALAN L.	5.2 NAME		
STREET ADDRESS	225 DEER RUN, ASPETUCK VILLAGE	5.3 STREET ADDRESS		
CITY-ST-ZIP	HUNTINGTON CT	5.4 CITY-ST-ZIP	06484	
TITLE	VS	6.1 TITLE	☒ Change	Addition
NAME	WIZNITZER, JANE T	6.2 NAME		
STREET ADDRESS	2181 LONG RIDGE RD	6.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT	6.4 CITY-ST-ZIP	06903	

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)(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: Jane T. Wiznitzer 1/12/1995 (203) 353-5500
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED DIRECTOR — Date — Daytime Phone #

Jane T. Wiznitzer, Vice President and Secretary

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