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 # **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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: **09/11/1985**
3a. Date of Last Report: **01/24/1995**
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

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 607.0502 and 607.1503, 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		
TITLE	VD	☐ DELETE
NAME	BINET, STEPHEN H.	
STREET ADDRESS	11 INDIAN PT LN	
CITY-ST-ZIP	WESTPORT CT	
TITLE	VD	☐ DELETE
NAME	GIAMBO, ROBERT A	
STREET ADDRESS	3 OSCEOLA DR	
CITY-ST-ZIP	GREENWICH CT	
TITLE	VD	☐ DELETE
NAME	FELDSHER, PAUL	
STREET ADDRESS	16 POWDER MILL LANE	
CITY-ST-ZIP	TRUMBULL CT	
TITLE	PCD	☐ DELETE
NAME	BILLETT, JR. J	
STREET ADDRESS	14 JOHN APPLEGATE RD	
CITY-ST-ZIP	REDDING CT	
TITLE	VTD	☐ DELETE
NAME	HUNTE, ALAN L.	
STREET ADDRESS	225 DEER RUN, ASPETUCK VILLAGE	
CITY-ST-ZIP	HUNTINGTON CT	
TITLE	VS	☐ DELETE
NAME	WIZNITZER, JANE T	
STREET ADDRESS	2181 LONG RIDGE RD	
CITY-ST-ZIP	STAMFORD CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☒ Change ☐ Addition
42 NAME	BILLETT, JR. JAMES F.	
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is correct, fully 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 **JANE T. WIZNITZER** 3/22/96 **(203)353-5500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #