

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 25 1997 8:00am
Secretary of State

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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
09/11/1985 04/03/1996
4. FEI Number Applied For
06-1117063 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
6. 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 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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

Jane T Wiznitzer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-97 203-353-5500
Date Daytime Phone #

CR2E034 (9/96)