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056427

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90181 049 ***150.00

DOCUMENT # **P07388**

1. Corporation Name

TRENWICK AMERICA REINSURANCE CORPORATION

Principal Place of Business

**METRO CENTER/ONE STATION PL.
STAMFORD, CONNECTICUT 06902**

Mailing Address

**METRO CENTER/ONE STATION PL.
STAMFORD, CONNECTICUT 06902**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1985

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 One Canterbury Green

Suite, Apt. #, etc.

22

City & State

23 Stamford, CT

Zip

24 06901

Country

25 USA

2a. Mailing Address

26 One Canterbury Green

Suite, Apt. #, etc.

27

City & State

28 Stamford, CT

Zip

29 06901

Country

30 USA

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 **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, JAMES F. J**

STREET ADDRESS **14 JOHN APPLGATE RD**

CITY-ST-ZIP **REDDING CT**

TITLE **VD** ☐ 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

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

**24 Blackberry Lane
Huntington, CT 06484**

**134 Lynam Road
Stamford, CT 06903**

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, with all other like empowered.

SIGNATURE:

PROVENANCE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99

Date

203-353-5532

Daytime Phone #

CR2E034 (1/1/98)