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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P07635** **(6)**

1. Corporation Name

THE GREAT LAKES REINSURANCE COMPANY

Principal Place of Business	Mailing Address
WALL STREET PLAZA 88 PINE ST NEW YORK NY 10005-1894 US	WALL STREET PLAZA 88 PINE ST NEW YORK NY 10005-1894 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1985	3a. Date of Last Report: 05/01/1994
4. FEI Number: 13-3042544 13-3787296	☐ 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	

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BERGLAS, FRANK E.	12 NAME	
STREET ADDRESS	BROOK FARM RD. EAST	13 STREET ADDRESS	
CITY-ST-ZIP	POUND RIDGE NY	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	Vice President ☒ Change ☐ Addition
NAME	NAUGHTER, PATRICK M.	22 NAME	Ronald C. Stanziale, Jr.
STREET ADDRESS	40 URMA PL	23 STREET ADDRESS	236 Bamm Hollow Rd.
CITY-ST-ZIP	BLOOMFIELD NJ	24 CITY-ST-ZIP	Middletown, NJ 07748
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	NAUGHTER, PATRICK M	32 NAME	
STREET ADDRESS	40 URMA PL	33 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD NJ	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	Treasurer ☒ Change ☐ Addition
NAME	MEISCH, JURGEN	42 NAME	Patrick M. Naughter
STREET ADDRESS	48 WEST 68TH ST	43 STREET ADDRESS	40 Urma Place
CITY-ST-ZIP	NEW YORK NY	44 CITY-ST-ZIP	Bloomfield, NJ
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BICKFORD, JAMES	52 NAME	
STREET ADDRESS	55 HARBOUR SQ.	53 STREET ADDRESS	
CITY-ST-ZIP	TORONTO ONTARIO CAN	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	EMBLIN, IAN P.	62 NAME	
STREET ADDRESS	197 MARKLAND DR.	63 STREET ADDRESS	
CITY-ST-ZIP	ETOBICOKE ONTARIO	64 CITY-ST-ZIP	

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 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: _____ 5/1/95 (212) 809-1061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0396522 FP