

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 8/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P15879 (0)
1. Corporation Name
US INTERNATIONAL REINSURANCE COMPANY

Principal Place of Business
59 MAIDEN LANE
NEW YORK NY 10038

Mailing Address
59 MAIDEN LANE
NEW YORK NY 10038



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/09/1987		3a. Date of Last Report 06/21/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 02-0349547		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32304

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	D/CEO
NAME	DAVIDOWITZ, MARK G	1.2 NAME	JOHNSON PETER
STREET ADDRESS	59 MAIDEN LANE	1.3 STREET ADDRESS	59 MAIDEN LANE
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	NEW YORK NY 10038
TITLE	VT	2.1 TITLE	
NAME	WILSON, ARTHUR D	2.2 NAME	
STREET ADDRESS	59 MAIDEN LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	T/EVP/COO
NAME	LENKIEWICZ, CYNTHIA	3.2 NAME	HERSHMAN RICHARD
STREET ADDRESS	59 MAIDEN LANE	3.3 STREET ADDRESS	59 MAIDEN LANE
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	NEW YORK NY 10038
TITLE	SVP	4.1 TITLE	
NAME	MOAK, ROGER M	4.2 NAME	
STREET ADDRESS	59 MAIDEN LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	VP
NAME	BRUNEHEIM, JAN	5.2 NAME	MICHAEL NEVENS
STREET ADDRESS	59 MAIDEN LANE	5.3 STREET ADDRESS	59 MAIDEN LANE
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	NEW YORK N.Y. 10038
TITLE	D	6.1 TITLE	
NAME	CALLAHAN, CHARLES E	6.2 NAME	
STREET ADDRESS	59 MAIDEN LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	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: _____ 8-6-97 (212) 530-7497

CR2E034 (4/97)