

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P34145** (3)

1. Corporation Name

**COLONIA INSURANCE COMPANY**



Principal Place of Business

**ONE SEAPORT PLAZA  
199 WATER STREET- 8TH FLOOR  
NEW YORK NY 10038**

Mailing Address

**ONE SEAPORT PLAZA  
199 WATER STREET- 8TH FLOOR  
NEW YORK NY 10038**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**FLORIDA STATE INSURANCE COMMISSIONER  
THE CAPITAL BUILDING  
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified

**05/29/1991**

3a. Date of Last Report

**01/20/1995**

4. FEI Number

**13-3594502**

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

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 is not to be applied.

(NOTE: Registered Agent signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD  
DANNASCH, CLAUS**  
STREET ADDRESS **199 WATER STREET**  
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ DELETE

NAME **VD  
MILLETT, THURSTON J.**  
STREET ADDRESS **199 WATER STREET**  
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ DELETE

NAME **VD  
JAZ, ANDREW J.**  
STREET ADDRESS **199 WATER STREET**  
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ DELETE

NAME **V  
GERVASIO, THOMAS R**  
STREET ADDRESS **199 WATER STREET**  
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ DELETE

NAME **V  
WALLEN, WILLARD B.**  
STREET ADDRESS **199 WATER STREET**  
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(ix), 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 registered agent or trustee or trustee-in-powered 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:

*Claus Dannasch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Abst Vice President*

*4/17/96 (212) 412-023*  
DATE DAY AND PHONE

CR2E034 (12/95)