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Jan 29 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 # 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 10038-3581

3. Date Incorporated or Qualified
05/29/1991

3a. Date of Last Report
04/24/1996

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

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

9. Name and Address of Current Registered Agent

FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITAL BUILDING
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 of principal or principal name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	NAME	DANNASCH, CLAUS	STREET ADDRESS	199 WATER STREET	CITY-STATE-ZIP	NEW YORK NY	<input type="checkbox"/> DELETE
TITLE	VD	NAME	MILLETT, THURSTON J.	STREET ADDRESS	199 WATER STREET	CITY-STATE-ZIP	NEW YORK NY	<input type="checkbox"/> DELETE
TITLE	VD	NAME	JAZ, ANDREW J.	STREET ADDRESS	199 WATER STREET	CITY-STATE-ZIP	NEW YORK NY	<input type="checkbox"/> DELETE
TITLE	V	NAME	GERVASIO, THOMAS R	STREET ADDRESS	199 WATER STREET	CITY-STATE-ZIP	NEW YORK NY	<input type="checkbox"/> DELETE
TITLE	V	NAME	WALLEN, WILLARD B.	STREET ADDRESS	199 WATER STREET	CITY-STATE-ZIP	NEW YORK NY	<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	1.2 NAME	Ruth Freud	1.3 STREET ADDRESS	199 Water Street	1.4 CITY-STATE-ZIP	New York, NY 10038	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	V/T/D	2.2 NAME	Ralf Mueller	2.3 STREET ADDRESS	199 Water Street	2.4 CITY-STATE-ZIP	New York, NY 10038	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	D	3.2 NAME	Marc M. Tract	3.3 STREET ADDRESS	199 Water Street	3.4 CITY-STATE-ZIP	New York, NY 10038	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	D	4.2 NAME	Kurt J. Wolfgruber	4.3 STREET ADDRESS	199 Water Street	4.4 CITY-STATE-ZIP	New York, NY 10038	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	D	5.2 NAME	Timotheus R. Pohl	5.3 STREET ADDRESS	199 Water Street	5.4 CITY-STATE-ZIP	New York, NY 10038	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE	D	6.2 NAME	Kenneth J. LeStrange	6.3 STREET ADDRESS	199 Water Street	6.4 CITY-STATE-ZIP	New York, NY 10038	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

Thurston J. Millett

1/22/97 (212) 412-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0005383

CR2E034 (9/96)

CORPORATION ANNUAL REPORT 1997

COLONIA INSURANCE COMPANY

13. Names and Street Addresses of Each Officer and Director (continued)

<u>Title</u>	<u>Name</u>	<u>Street Address</u>	<u>City and State</u>
D	Chaboseau, Jean-Claude	199 Water Street	New York, New York
D	Drechsler, Guenther K.	199 Water Street	New York, New York
D	Ercklentz, Alexander T.	199 Water Street	New York, New York
D	Kleyboldt, Claas	199 Water Street	New York, New York
D	Laessker, Klaus-Dieter	199 Water Street	New York, New York
D	Lynch, Robert J., Jr.	199 Water Street	New York, New York
D	Meis, Volker	199 Water Street	New York, New York