

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P36074** (3)  
1. Corporation Name  
**CAPITAL REINSURANCE COMPANY OF MARYLAND**

Principal Place of Business 1325 AVE OF THE AMERICAS 18TH FLOOR NEW YORK NY 10019 US	Mailing Address 1325 AVE OF THE AMERICAS 18TH FLOOR NEW YORK NY 10019 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/25/1991	
4. FEI Number 52-1533088		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300			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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV YARUSS, HOWARD 80 CENTRAL PARK WEST NEW YORK NY <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	DV Norie R. Bregman 1361 Madison Avenue New York, NY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO SATZ, MICHAEL E. 47 EAST 88TH ST. NEW YORK NY <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V Don Paston 53 Warren Rd. West Orange, NJ 07052
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV JURSCHAK, JEROME F. 14 SUSAN PLACE KATONAH NY <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HOOKER, SUSAN L 140 HAMILTON RD CHAPPAQUA NY <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MOY, NICHOLAS 27 RIDGE RD KATONAH NY <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

*[Signature]* **UNDER RECAPTURE** *Rosenman SVP 1/13/98 212-974-0100*

CR2E034 (10/97)

CAPITAL REINSURANCE COMPANY  
SUPPLEMENTAL TO QUESTION # 12

Alan S. Roseman (D,SVP)  
110 Riverside Drive  
New York, New York

Stephen Donnarumma (D,SVP)  
320 Union Street  
Brooklyn, NY 11231

David A. Buzen (D,CFO,SVP, T)  
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200 East 87th Street  
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Cos Cob, CT 06907

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11 Abby Place  
Staten Island, NY 10301

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552 LaGuardia Place  
New York, NY 10012

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820 President St., Apt. 2A  
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236 Loring Avenue  
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Cos Cob, CT 06807

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150-38 Union Turnpike  
Flushing, NY 11367

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154 Adams Avenue  
River Edge, NJ 07661

John Berner (Asst. VP)  
22-24 27th Street  
Astoria, NY 11105