

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:09

DOCUMENT # S71542 (2)
1. Corporation Name
TRANSATLANTIC INSURANCE HOLDING CORPORATION

Principal Place of Business Mailing Address
**8300 EXECUTIVE CENTER DRIVE
SUITE 102
MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/06/1991** 3a. Date of Last Report **06/21/1994**
4. FEI Number **65-0276294** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**MILLER, ROBERT D.
8300 EXECUTIVE CENTER DRIVE
SUITE 102
MIAMI FL 33166**

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 in printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when terminating)

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	PTD		
	MILLER, ROBERT D.		
	8300 EXEC. CENTER DR., STE. 102		
	MIAMI FL		
	S		
	KNIGHT-MILLER, KAREN		
	8300 EXEC. CENTER DR., STE. 102		
	MIAMI FL		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
11				☐	☐
12				☐	☐
13				☐	☐
14				☐	☐
21				☐	☐
22				☐	☐
23				☐	☐
24				☐	☐
31				☐	☐
32				☐	☐
33				☐	☐
34				☐	☐
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42				☐	☐
43				☐	☐
44				☐	☐
51				☐	☐
52				☐	☐
53				☐	☐
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64				☐	☐

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)(b), 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 and, and, or on an attachment with an address.

SIGNATURE:

Karen Knight-Miller
KAREN KNIGHT-MILLER

4/10/95 *305 4773755*
Date Signature