

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90043 024 ***150.00



DOCUMENT # 801752				1. Entity Name NATIONAL REINSURANCE CORPORATION			
Principal Place of Business 695 EAST MAIN ST STAMFORD, CT 06904-2167 US			Mailing Address 695 EAST MAIN STREET STAMFORD, CT 06904-2167 US				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 13-1988169 <table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BRANDON, JOSEPH		NAME				
STREET ADDRESS	49 HEATHER ROAD		STREET ADDRESS				
CITY-ST-ZIP	MONROE, CT		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GRAHAM, ROBERT		NAME				
STREET ADDRESS	695 EAST MAIN STREET		STREET ADDRESS				
CITY-ST-ZIP	STAMFORD, CT 06901		CITY-ST-ZIP				
TITLE	VPSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MCCAFFREY, TIMOTHY T		NAME				
STREET ADDRESS	695 EAST MAIN STREET		STREET ADDRESS				
CITY-ST-ZIP	STAMFORD, CT 06901		CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	MONRAD, ELIZABETH A.		NAME	Gasdaska Jr., William G.			
STREET ADDRESS	44 FOUR WINDS LANE		STREET ADDRESS	695 E. Main Street			
CITY-ST-ZIP	NEW CANAAN, CT		CITY-ST-ZIP	Stamford, CT 06901			
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MCCARTY, RICHARD		NAME				
STREET ADDRESS	11 CIDER MILL PLACE		STREET ADDRESS				
CITY-ST-ZIP	WILTON, CT		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Richard G. McCarty</i>		Richard G. McCarty		1/15/2004			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>			



01062004 Chg-P CR2E034 (10/03)