

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 801752

FILED  
Jan 13, 2006  
Secretary of State

Entity Name: NATIONAL REINSURANCE CORPORATION

**Current Principal Place of Business:**

695 EAST MAIN ST  
STAMFORD, CT 069042167 US

**New Principal Place of Business:**

**Current Mailing Address:**

695 EAST MAIN STREET  
STAMFORD, CT 069042167 US

**New Mailing Address:**

FEI Number: 13-1988169      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DCEO ( ) Delete  
Name: BRANDON, JOSEPH  
Address: 695 EAST MAIN STREET  
City-St-Zip: STAMFORD, CT 06901

Title: DP ( ) Delete  
Name: MONTROSS, FRANKLIN IV  
Address: 695 EAST MAIN STREET  
City-St-Zip: STAMFORD, CT 06901

Title: VPSD ( ) Delete  
Name: VOCKE, DAMON N  
Address: 695 EAST MAIN STREET  
City-St-Zip: STAMFORD, CT 06901

Title: T ( ) Delete  
Name: GASDASKA, WILLIAM G JR.  
Address: 695 E. MAIN STREET  
City-St-Zip: STAMFORD, CT 06901

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAMON N. VOCKE

VPSD

01/13/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date