

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

**FILED**  
**Mar 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 801752 (7)**  
 1. Corporation Name  
**NATIONAL REINSURANCE CORPORATION**

Principal Place of Business <b>695 EAST MAIN ST                  STAMFORD CT 06904-2167                  US</b>	Mailing Address <b>695 EAST MAIN STREET                  STAMFORD CT 06904-2167                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified <b>04/18/1923</b>	
4. FEI Number <b>13-1988169</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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  
 THE CAPITAL  
 TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BRANDON, JOSEPH</b>	
STREET ADDRESS	<b>49 HEATHER ROAD</b>	
CITY-ST-ZIP	<b>MONROE CT</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>EAGER, ROBERT W.</b>	
STREET ADDRESS	<b>282 WHITE OAK SHADE ROAD</b>	
CITY-ST-ZIP	<b>NEW CANAAN CT</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>FROHBOESE, ERNEST C.</b>	
STREET ADDRESS	<b>55 FERRIS HILL ROAD</b>	
CITY-ST-ZIP	<b>NEW CANAAN CT</b>	
TITLE	<b>VPSD</b>	<input type="checkbox"/> DELETE
NAME	<b>BARR, CHARLES F.</b>	
STREET ADDRESS	<b>298 DANBURY ROAD</b>	
CITY-ST-ZIP	<b>RIDGEFIELD CT</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MONRAD, ELIZABETH A.</b>	
STREET ADDRESS	<b>44 FOUR WINDS LANE</b>	
CITY-ST-ZIP	<b>NEW CANAAN CT</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>MCCARTY, RICHARD</b>	
STREET ADDRESS	<b>11 CIDER MILL PLACE</b>	
CITY-ST-ZIP	<b>WILTON CT</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>EVPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>SVPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Richard G. McCarty* **Richard G. McCarty** Asst. Secretary **1/29/98** **203-328-6399**

CFR2E034 (10/97)