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**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90053 049 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **801752**  
 1. Corporation 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

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified  
**04/18/1923**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 13-1988169 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 owes the current year Intangible Personal Property Tax:  Yes  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 **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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRANDON, JOSEPH	
STREET ADDRESS	49 HEATHER ROAD	
CITY-ST-ZIP	MONROE CT	
TITLE	EVPD	<input type="checkbox"/> DELETE
NAME	EAGER, ROBERT W.	
STREET ADDRESS	262 WHITE OAK SHADE ROAD	
CITY-ST-ZIP	NEW CANAAN CT	
TITLE	SVPD	<input checked="" type="checkbox"/> DELETE
NAME	FROHBOESE, ERNEST C.	
STREET ADDRESS	55 FERRIS HILL ROAD	
CITY-ST-ZIP	NEW CANAAN CT	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	BARR, CHARLES F.	
STREET ADDRESS	298 DANBURY ROAD	
CITY-ST-ZIP	RIDGEFIELD CT	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MONRAD, ELIZABETH A.	
STREET ADDRESS	44 FOUR WINDS LANE	
CITY-ST-ZIP	NEW CANAAN CT	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MCCARTY, RICHARD	
STREET ADDRESS	11 CIDER MILL PLACE	
CITY-ST-ZIP	WILTON CT	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input 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)(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, with all other like empowered.

SIGNATURE: Richard G. McCarty REQUIRED Richard G. McCarty 3/10/99 203 328-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)