

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

Voucher # 178018

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 804922 (3)

1. Corporation Name

NAC REINSURANCE CORPORATION



Principal Place of Business

Mailing Address

1 GREENWICH PLAZA
P.O. BOX 2568
GREENWICH CT 06836

1 GREENWICH PLAZA
P.O. BOX 2568
GREENWICH CT 06836

2. Principal Place of Business

2a. Mailing Address

21 []
Suite, Apt. #, etc.
22 []
City & State
23 []
Zip Country
24 [] 25 []

26 []
Suite, Apt. #, etc.
27 []
City & State
28 []
Zip Country
29 [] 30 []

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304**

3. Date Incorporated or Qualified

06/30/1938

3a. Date of Last Report

04/21/1995

4. FET Number

13-1290712

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

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 607.0507 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 607.0805, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent, if applicable

Date of Signature

DATE

12. OFFICERS AND DIRECTORS

DELETE

TITLE	DV	<input type="checkbox"/> DELETE
NAME	KOTT, STANLEY J	
STREET ADDRESS	1 GREENWICH PLAZA	
CITY-ST-ZIP	GREENWICH CT	
TITLE	TVD	<input checked="" type="checkbox"/> DELETE
NAME	MALVASIO, PAUL J.	
STREET ADDRESS	1 GREENWICH PLAZA	
CITY-ST-ZIP	GREENWICH CT	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	BANNERMAN, MARTHA G.	
STREET ADDRESS	1 GREENWICH PLAZA	
CITY-ST-ZIP	GREENWICH CT	
TITLE	PDC	<input type="checkbox"/> DELETE
NAME	BORNHUETTER, RONALD L.	
STREET ADDRESS	1 GREENWICH PLAZA	
CITY-ST-ZIP	GREENWICH CT	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MADSEN, CARL F	
STREET ADDRESS	ONE GREENWICH PLAZA	
CITY-ST-ZIP	GREENWICH CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VP/DIR/ACT. TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on
12 NAME	JOHN N. ADIMARI	
13 STREET ADDRESS	1 GREENWICH PLAZA	
14 CITY-ST-ZIP	GREENWICH CT 06836	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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)(k), 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 change or on an attachment with an address.

SIGNATURE

Ronald L. Bornhuetter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD L. BORNHUETTER PRESIDENT

03/13/96

203-622-5200

Date

Exchange Phone #

CR2E034 (12/95)