


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

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90053 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 804922
 1. Corporation Name
NAC REINSURANCE CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1 GREENWICH PLAZA P.O. BOX 2568 GREENWICH CT 06836	Mailing Address 1 GREENWICH PLAZA P.O. BOX 2568 GREENWICH CT 06836
---	---

3. Date Incorporated or Qualified
06/30/1938

4. FEI 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 owes the current year Intangible Personal Property Tax. Yes No

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

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
 THE CAPITOL
 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORNHJETTER, RONALD L	1.2 NAME	
STREET ADDRESS	1 GREENWICH PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, NICHOLAS M JR	2.2 NAME	
STREET ADDRESS	1 GREENWICH PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT	2.4 CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANNERMAN, MARTHA G.	3.2 NAME	
STREET ADDRESS	1 GREENWICH PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FADDEN, JEROME T	4.2 NAME	TD Miller, Richard H.
STREET ADDRESS	1 GREENWICH PLAZA	4.3 STREET ADDRESS	1 Greenwich Plaza
CITY-ST-ZIP	GREENWICH CT	4.4 CITY-ST-ZIP	Greenwich, CT
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADSEN, CARL F	5.2 NAME	
STREET ADDRESS	ONE GREENWICH PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 H. Miller* Date: 3/16/99 Daytime Phone #: 203-622-5450

CR2E034 (11/98)