

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -8 AM 9:12

DOCUMENT # P04486 (7)

1. Corporation Name
HANSA REINSURANCE COMPANY OF AMERICA

Principal Place of Business Mailing Address
220 WHITEPLAINS ROAD 220 WHITEPLAINS ROAD
P.O. BOX 2012 P.O. BOX 2012
TARRYTOWN, NY. 10591-6012 TARRYTOWN, NY. 10591-6012

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/27/1984	3a. Date of Last Report 04/25/1994
21	22 Suite, Apt. #, etc.		25	4. FBI Number 13-3031274	
22	27 City & State		26	Applied For <input type="checkbox"/> Not Applicable	
23	28 Zip		27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	29 Country		28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25	30 Country		29	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDIN, AKE HENRY	1.2 NAME	
STREET ADDRESS	SCARBOROUGHMANOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SCARBOROUGH NY	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAHLING, ERNST GUNTER	2.2 NAME	President, Treasurer, Director
STREET ADDRESS	49 HEMLOCK DRIVE	2.3 STREET ADDRESS	Effective 12/31/94
CITY-ST-ZIP	NORTH TARRYTOWN NY	2.4 CITY-ST-ZIP	
TITLE	VO	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPECKMAN, JOHN THOMAS	3.2 NAME	Resigned at 9/30/94
STREET ADDRESS	8011 HUXLEY AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRONX NY	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLEN, KENNETH JAMES	4.2 NAME	Resigned as President 12/31/94
STREET ADDRESS	35 MINA WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLETOWN, NJ.	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAVER, THOMAS, JR.	5.2 NAME	
STREET ADDRESS	1013 GREENBRIAR DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	STATE COLLEGE PA	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUBER, ASPASIA	6.2 NAME	
STREET ADDRESS	70 POND VIEW LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHAPPAQUA NY	6.4 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 110.07(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 in Block 12 or Block 13 if changed, or on attachment with my address.

SIGNATURE: E. Gunter Dahling February 3, 1995 914-631-6011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

HANSA REINSURANCE COMPANY OF AMERICA

CORPORATION ANNUAL REPORT 1995 TO

FLORIDA DEPARTMENT OF STATE

Continuation of Items 12 and 13

Officers and Directors

7.	Gottesman, Scott Eric	VS	6 Harrison Court	Peekskill, NY	Effective 12/31/94
8.	Goldenberg, Marcel	D	146 Hunter Avenue	North Tarrytown, NY	
9.	Mark, Arne Erik	D	One Old Church Road	Greenwich, CT	
10	Oatway, Francis Carlyle	D	718 Ponus Ridge Road	New Canaan, CT	
11.	Pihlgren, Lars	C/D	Fleminggatan 18	Stockholm, Sweden	
12.	Rein, Alan John	D	46 Crossway,	Scarsdale, NY 10583	Elected 12/27/94
13.	Sinclair, Robert John	D	1025 N. Ontare Road	Santa Barbara, CA	
14.	Tullis, Robert H.	D	25 Middlefield Street	Groton Long Point	
15.	Murphy, Thomas Jerome	V/D	643 Eder Road	Stormville, NY	
16.	Pedersen, Zaid	D	Fleminggatan 18	Stockholm, Sweden	Elected @ 3/24/94