

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P04486** (7)

1. Corporation Name
HANSA REINSURANCE COMPANY OF AMERICA



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

2a. Mailing Address
**220 WHITEPLAINS ROAD
P.O. BOX 2012
TARRYTOWN, NY. 10591-6012**

3. Date Incorporated or Qualified 12/27/1984	3a. Date of Last Report 02/08/1995
4. FEI Number 13-3031274	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.07 and 607.1504, 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 fully conversant and accept the obligations of Section 607.0604, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

12.1 TITLE	D	<input type="checkbox"/> DELETE
12.2 NAME	BRANDIN, AKE HENRY SCARBOROUGHMANOR SCARBOROUGH NY	
12.3 STREET ADDRESS	PTD	<input type="checkbox"/> DELETE
12.4 CITY, STATE, ZIP	DAHLING, ERNST GUNTER 49 HEMLOCK DRIVE NORTH TARRYTOWN NY	
12.5 TITLE	PD	<input checked="" type="checkbox"/> DELETE
12.6 NAME	BOLEN, KENNETH JAMES 35 NINA WAY MIDDLETOWN, NJ.	
12.7 STREET ADDRESS	D	<input type="checkbox"/> DELETE
12.8 CITY, STATE, ZIP	BEAVER, THOMAS, JR. 1013 GREENBRIAR DRIVE STATE COLLEGE PA	
12.9 TITLE	V	<input checked="" type="checkbox"/> DELETE
12.10 NAME	GRUBER, ASPASIA 70 POND VIEW LANE CHAPPAQUA NY	
12.11 STREET ADDRESS		<input type="checkbox"/> DELETE
12.12 CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.2 NAME	BRUNEHEIM, JAN FLEMINGGATAN 18 STOCKHOLM, SWEDEN	
13.3 STREET ADDRESS	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.4 CITY, STATE, ZIP	GOTTESMAN, SCOTT 6 HARRISON COURT PEEKSKILL, NY	
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8 CITY, STATE, ZIP		
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.12 CITY, STATE, ZIP		
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY, STATE, ZIP		

14. I do hereby certify that the information supplied herein is true and correct, and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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. This is an officer or director of the corporation or the registered agent 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 of this report. For changes to be made, please include the address.

SIGNATURE: *E. J. Rubley* 1/18/96 914-631-6011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER

CR2E034 (12/95)

HANSA REINSURANCE COMPANY OF AMERICA
CORPORATION ANNUAL REPORT 1996 TO
FLORIDA DEPARTMENT OF STATE

Continuation of Items 12 and 13

Officers and Directors

Goldenberg, Marcel	D	146 Hunter Avenue	North Tarrytown, NY
Mark, Arne Erik	D	One Old Church Road	Greenwich, CT
Oatway, Francis Carlyle	D	718 Ponus Ridge Road	New Canaan, CT
Pihlgren, Lars	D	Norr Malarstrand 52	Stockholm, Sweden
Rein, Alan John	D	46 Crossway	Scarsdale, NY
Sinclair, Robert John	D	1025 N. Ontare Road	Santa Barbara, CA
Tullis, Robert Haas	D	25 Middlefield Street	Groton Long Point, CT
Pedersen, Zaid	D	Fleminggatan 18	Stockholm, Sweden