

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

FILED
Feb 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P04486 (7)
 1. Corporation Name
HANSA REINSURANCE COMPANY OF AMERICA



Principal Place of Business 220 WHITEPLAINS ROAD P.O. BOX 2012 TARRYTOWN, NY. 10591-8012	Mailing Address 220 WHITEPLAINS ROAD P.O. BOX 2012 TARRYTOWN, NY. 10591-8012
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2. Principal Place of Business 21 Suite Apt. # etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/27/1984	3a. Date of Last Report 01/24/1996
4. FEI Number 13-3031274	Applied For <input type="checkbox"/> 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	

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
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	BRANDON, AKE H
STREET ADDRESS	SCARBOROUGHMANOR
CITY- ST- ZIP	SCARBOROUGH NY
TITLE	VSD <input checked="" type="checkbox"/> DELETE
NAME	GOTTESMAN, SCOTT
STREET ADDRESS	6 HARRISON COURT
CITY- ST- ZIP	PEEKSKILL NY
TITLE	D <input type="checkbox"/> DELETE
NAME	BEAVER, THOMAS JR
STREET ADDRESS	1013 GREENBRIAR DRIVE
CITY- ST- ZIP	STATE COLLEGE PA
TITLE	C <input type="checkbox"/> DELETE
NAME	BRUNEHEIM, JAN
STREET ADDRESS	FLEMINGGATAN 18
CITY- ST- ZIP	STOCKHOLM, SWEDEN
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERT A. ANSEHL
1.3 STREET ADDRESS	52 CORELL ROAD
1.4 CITY- ST- ZIP	SCARSDALE, NY
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SCOTT GOTTESMAN
2.3 STREET ADDRESS	6 HARRISON COURT
2.4 CITY- ST- ZIP	PEEKSKILL, NY
3.1 TITLE	P.T. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBERT W. EASTON
3.3 STREET ADDRESS	4 MARTINE AVENUE
3.4 CITY- ST- ZIP	WHITE PLAINS, NY 10606
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 do 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.

SIGNATURE: _____ 2/10/97 914-631-6011
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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HANSA REINSURANCE COMPANY OF AMERICA
CORPORATION ANNUAL REPORT 1997 TO
FLORIDA DEPARTMENT OF STATE

Continuation of Items 12 and 13

Officers and Directors

Dahling, Ernst Gunter	D	49 Hemlock Drive	N. Tarrytown, NY
Goldenberg, Marcel	D	146 Hunter Avenue	N. Tarrytown, NY
Mark, Arne Erik	D	One Old Church Road	Greenwich, CT
Oatway, Francis Carlyle	D	718 Ponus Ridge Road	New Canaan, CT
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 Pt, CT
Pedersen, Zaid	D	Fleminggatan 18	Stockholm, Sweden