

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

**FILED**

**Mar 18 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>220 WHITEPLAINS ROAD TARRYTOWN, NY. 10591-682</b>	Mailing Address <b>220 WHITEPLAINS ROAD TARRYTOWN, NY. 10591-682</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/27/1984</b>	
21 <b>220 WHITE PLAINS ROAD</b>	26 <b>220 WHITE PLAINS ROAD</b>	4. FEI Number <b>13-3031274</b>		Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 <b>TARRYTOWN NY</b>		28 <b>TARRYTOWN, NY</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 <b>10591</b>	25 <b>USA</b>	29 <b>10591</b>	30 <b>USA</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>UNITED STATES CORPORATION COMPANY                  1201 HAYS STREET                  SUITE 105                  TALLAHASSEE FL 32301</b>				81	Name		
				82	Street Address (P.O. Box Number Is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRANDON, AKE H</b>	1.2 NAME	<b>FAXNER, GORAN</b>
STREET ADDRESS	<b>SCARBOROUGH MANOR</b>	1.3 STREET ADDRESS	<b>FLEMINGGATAN 18</b>
CITY-ST-ZIP	<b>SCARBOROUGH NY</b>	1.4 CITY-ST-ZIP	<b>STOCKHOLM, SWEDEN</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOTTESMAN, SCOTT</b>	2.2 NAME	
STREET ADDRESS	<b>6 HARRISON COURT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEEKSKILL NY</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEAVER, THOMAS JR</b>	3.2 NAME	
STREET ADDRESS	<b>1013 GREENBRIAR DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STATE COLLEGE PA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANSHEL, ROBERT A</b>	4.2 NAME	
STREET ADDRESS	<b>52 CORELL ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SCARSDALE NY</b>	4.4 CITY-ST-ZIP	
TITLE	<b>C</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRUNEHEIM, JAN</b>	5.2 NAME	
STREET ADDRESS	<b>FLEMING GATAN 18</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STOCKHOLM SW</b>	5.4 CITY-ST-ZIP	
TITLE	<b>PT</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EASTON, ROBERT W</b>	6.2 NAME	
STREET ADDRESS	<b>4 MARTINE AVENUE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WHITE PLAINS NY</b>	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.

SIGNATURE: *Scott Gottesman* **SCOTT GOTTESMAN**  
 VICE PRESIDENT 3/13/98 (90)631-6011

CF2E034 (10/97)

**HANSA REINSURANCE COMPANY OF AMERICA**  
**CORPORATION ANNUAL REPORT 1998 TO**  
**FLORIDA DEPARTMENT OF STATE**

**Continuation of Items 12 and 13**

**Officers and Directors**

<b>Dahling, Ernst Gunter</b>	<b>D</b>	<b>49 Hemlock Drive</b>	<b>N. Tarrytown, NY</b>
<b>Goldenberg, Marcel</b>	<b>D</b>	<b>146 Hunter Avenue</b>	<b>N. Tarrytown, NY</b>
<b>Mark, Arne Erik</b>	<b>D</b>	<b>One Old Church Road</b>	<b>Greenwich, CT</b>
<b>Oatway, Francis Carlyle</b>	<b>D</b>	<b>718 Ponus Ridge Road</b>	<b>New Canaan, CT</b>
<b>Rein, Alan John</b>	<b>D</b>	<b>46 Crossway</b>	<b>Scarsdale, NY</b>
<b>Sinclair, Robert John</b>	<b>D</b>	<b>1025 N. Ontare Road</b>	<b>Santa Barbara, CA</b>
<b>Pedersen, Zaid</b>	<b>D</b>	<b>Fleminggatan 18</b>	<b>Stockholm, Sweden</b>