

1.) CORPORATION NAME:

**COLOGNE REINSURANCE COMPANY OF AMERICA**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CT**

DUE DATE: **11/30/2010**

SCC ID NO: **F0375388**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	4,600,000
PREFER	100,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 120 LONG RIDGE ROAD

CITY/ST/ZIP: STAMFORD, CT 06902-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: WILLIAM G GASDASKA, JR  
TITLE: PRESIDENT & CEO  
ADDRESS: 120 LONG RIDGE ROAD  
CITY/ST/ZIP/CO: STAMFORD, CT 06902-

OFFICER

DIRECTOR

NAME: STEPHEN C BARBOUR  
TITLE: VP/T/COO  
ADDRESS: 120 LONG RIDGE ROAD  
CITY/ST/ZIP/CO: STAMFORD, CT 06902-

OFFICER

DIRECTOR

NAME: ROBERT DENIS  
TITLE: SECRETARY  
ADDRESS: 120 LONG RIDGE ROAD  
CITY/ST/ZIP/CO: STAMFORD, CT 06902-

OFFICER

DIRECTOR

NAME: CHRISTOPHER R BELLO  
TITLE: DIRECTOR  
ADDRESS: 120 LONG RIDGE ROAD  
CITY/ST/ZIP/CO: STAMFORD, CT 06902-

OFFICER

DIRECTOR

NAME: DAMON N VOCKE  
TITLE: DIRECTOR  
ADDRESS: 120 LONG RIDGE ROAD  
CITY/ST/ZIP/CO: STAMFORD, CT 06902-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ DAMON N VOCKE</u>	<u>DAMON N VOCKE, DIRECTOR</u>	<u>12/16/2010</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.