FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 10:37

DOCUMENT # 825705 (7)

1. Corporation Name
GENERAL REINSURANCE CORPORATION

Principal Place of Business
695 EAST MAIN STREET
P O BOX 10350
STAMFORD CT 06904

Mailing Address
695 EAST MAIN STREET
P O BOX 10350
STAMFORD CT 06904

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 02/02/1971
3a. Date of Last Report: 02/18/1994
4. FEI Number: 13-2673100 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32304

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
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	FERGUSON, RONALD
STREET ADDRESS	695 EAST MAIN STREET
CITY-ST-ZIP	STAMFORD CT
TITLE	PD
NAME	ETLING, JOHN C
STREET ADDRESS	695 EAST MAIN STREET
CITY-ST-ZIP	STAMFORD CT
TITLE	VD
NAME	FROHBOESE, ERNEST C.
STREET ADDRESS	695 EAST MAIN STREET
CITY-ST-ZIP	STAMFORD CT
TITLE	VS
NAME	RONDEPIERRE, EDMOND F.
STREET ADDRESS	695 EAST MAIN STREET
CITY-ST-ZIP	STAMFORD CT
TITLE	VT
NAME	MONRAD, ELIZABETH A.
STREET ADDRESS	695 E. MAIN ST.
CITY-ST-ZIP	STAMFORD CT
TITLE	V
*NAME	BARR, CHARLES F.
STREET ADDRESS	695 EAST MAIN STREET
CITY-ST-ZIP	STAMFORD CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VS	☒ Change ☐ Addition
4.2 NAME	Barr, Charles F.	
4.3 STREET ADDRESS	695 East Main Street	
4.4 CITY-ST-ZIP	Stamford, CT 06904	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VD	☒ Change ☐ Addition
6.2 NAME	Gustafson, James E.	
6.3 STREET ADDRESS	695 East Main Street	
6.4 CITY-ST-ZIP	Stamford, CT 06904	

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 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: Charles F. Barr 1/24/95 203-328-5506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000381 CP