

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

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/02/1971	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 13-2673100	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				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	

**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
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	D	<input type="checkbox"/> DELETE
NAME	FERGUSON, RONALD	
STREET ADDRESS	695 EAST MAIN STREET	
CITY-ST-ZIP	STAMFORD CT	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KELLOGG, TOM N	
STREET ADDRESS	695 EAST MAIN STREET	
CITY-ST-ZIP	STAMFORD CT	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FROHBOESE, ERNEST C.	
STREET ADDRESS	695 EAST MAIN STREET	
CITY-ST-ZIP	STAMFORD CT	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BARR, CHARLES F	
STREET ADDRESS	695 EAST MAIN STREET	
CITY-ST-ZIP	STAMFORD CT	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MONRAD, ELIZABETH A.	
STREET ADDRESS	695 E. MAIN ST.	
CITY-ST-ZIP	STAMFORD CT	
TITLE	DCEO	<input type="checkbox"/> DELETE
NAME	GUSTAFSON, JAMES E	
STREET ADDRESS	695 EAST MAIN STREET	
CITY-ST-ZIP	STAMFORD CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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: *Charles F. Barr* **Charles F. Barr** Secretary **1/20/98** (203) 328-5506

CR2E034 (10/97)