

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P04560 (9)

1. Corporation Name
GENERAL SECURITY INSURANCE COMPANY



Principal Place of Business: **TWO WORLD TRADE CENTER NEW YORK NY 10048**
Mailing Address: **TWO WORLD TRADE CENTER NEW YORK NY 10048**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/31/1984		3a. Date of Last Report 05/01/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 52-0643036		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent
**THE FLORIDA INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box)	000001844120
		-05/30/96--01033--002
83		***600.00
84	City	FL
85	Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARTER, JEROME	1.2 NAME	
STREET ADDRESS	110 WILLIAM ST.	1.3 STREET ADDRESS	2 World Trade Ctr
CITY-ST-ZIP	NEW YORK NY 10038	1.4 CITY-ST-ZIP	New York, N.Y. 10048
TITLE	VS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, JOHN T JR.	2.2 NAME	
STREET ADDRESS	110 WILLIAM ST.	2.3 STREET ADDRESS	2 World Trade Ctr
CITY-ST-ZIP	NEW YORK NY 10038	2.4 CITY-ST-ZIP	New York, N.Y. 10048
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, LINDA JAYNE	3.2 NAME	
STREET ADDRESS	110 WILLIAM ST.	3.3 STREET ADDRESS	2 World Trade Ctr
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	New York, N.Y. 10048
TITLE	SVPC	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROPSY, JEFFREY	4.2 NAME	
STREET ADDRESS	110 WILLIAM STREET	4.3 STREET ADDRESS	2 World Trade Ctr
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	New York, N.Y. 10048
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASCH, NOLAN E	5.2 NAME	PEUGEOT, PATRICK
STREET ADDRESS	110 WILLIAM ST.	5.3 STREET ADDRESS	Avenue De President Wilson
CITY-ST-ZIP	NEW YORK NY 10038	5.4 CITY-ST-ZIP	Paris France
TITLE	V	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLONE, PAUL A	6.2 NAME	
STREET ADDRESS	110 WILLIAM ST.	6.3 STREET ADDRESS	2 World Trade Ctr
CITY-ST-ZIP	NEW YORK NY 10038	6.4 CITY-ST-ZIP	New York, N.Y. 10048

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 19.07(3)(k), 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: *Linda Jayne Grant* LINDA JAYNE GRANT 4/24/96 212-390-5337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

5-1-96