

6-27-97 R-1911 C
 FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
 Jun 27 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 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 10048-0203**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/31/1984	3a. Date of Last Report 05/01/1996
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	Zip	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	
				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City
				FL	B5 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P KARTER, JEROME	1.2 NAME	
STREET ADDRESS	TWO WORLD TRADE CENTER	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10048	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VS ANDREWS, JOHN T JR.	2.2 NAME	
STREET ADDRESS	TWO WORLD TRADE CENTER	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10048	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T GRANT, LINDA JAYNE	3.2 NAME	SVP DUNN, John
STREET ADDRESS	TWO WORLD TRADE CENTER	3.3 STREET ADDRESS	2 WTC
CITY-ST-ZIP	NEW YORK NY 10048	3.4 CITY-ST-ZIP	NY, NY 10048
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SVPC CROPSEY, JEFFREY	4.2 NAME	T
STREET ADDRESS	TWO WORLD TRADE CENTER	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10048	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D PEUGEOT, PATRICK	5.2 NAME	Director Blondeau JACQUES P.
STREET ADDRESS	AVENUE DE PRESIDENT WILSON	5.3 STREET ADDRESS	AVENUE DE PRESIDENT WILSON
CITY-ST-ZIP	PARIS, FRANCE	5.4 CITY-ST-ZIP	PARIS, FRANCE
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V BELLONE, PAUL A	6.2 NAME	
STREET ADDRESS	TWO WORLD TRADE CENTER	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10048	6.4 CITY-ST-ZIP	

14. I do 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.

CP2E034 (9/96)

6/24/97 (201,350-532)