

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

FILED
Feb 27 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 # 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/31/1984	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 52-0643036	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				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	

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	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	VS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	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	SVPC	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, JOHN	3.2 NAME	
STREET ADDRESS	TWO WORLD TRADE CENTER	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	SVPC	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROPSEY, JEFFREY	4.2 NAME	
STREET ADDRESS	TWO WORLD TRADE CENTER	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10048	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLONDEAU, JAUQUES P	5.2 NAME	
STREET ADDRESS	AVENUE DE PRESIDENT WILSON	5.3 STREET ADDRESS	
CITY-ST-ZIP	PARIS FR	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLONE, PAUL A	6.2 NAME	
STREET ADDRESS	TWO WORLD TRADE CENTER	6.3 STREET ADDRESS	V.P. VERNE, MAXINE H.
CITY-ST-ZIP	NEW YORK NY 10048	6.4 CITY-ST-ZIP	2 WORLD TRADE CENTER NEW YORK, NY 10048

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: X *Jeffrey Cropsey* **JEFFREY CROPSEY** 1/12/98 (212)390-5500

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