

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

FILED
Feb 08, 1999 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-08-1999 90069 014 ****150.00

DOCUMENT # P04560

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/31/1984

2. Principal Place of Business
 21

2a. Mailing Address
 26

4. FEI Number
52-0643036

Applied For
 Not Applicable

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State
 23

City & State
 28

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip Country
 24 25

Zip Country
 29 30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE FLORIDA INSURANCE COMMISSIONER
 CAPITOL BUILDING
 TALLAHASSEE FL 32301**

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	KARTER, JEROME	
STREET ADDRESS	TWO WORLD TRADE CENTER	
CITY-ST-ZIP	NEW YORK NY 10048	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	ANDREWS, JOHN T JR.	
STREET ADDRESS	TWO WORLD TRADE CENTER	
CITY-ST-ZIP	NEW YORK NY 10048	
TITLE	SVPC	<input type="checkbox"/> DELETE
NAME	DUNN, JOHN	
STREET ADDRESS	TWO WORLD TRADE CENTER	
CITY-ST-ZIP	NEW YORK NY	
TITLE	SVPC	<input type="checkbox"/> DELETE
NAME	CROSEY, JEFFREY	
STREET ADDRESS	TWO WORLD TRADE CENTER	
CITY-ST-ZIP	NEW YORK NY 10048	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLONDEAU, JAQUES P	
STREET ADDRESS	AVENUE DE PRESIDENT WILSON	
CITY-ST-ZIP	PARIS FR	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	VERNE, MAXINE H	
STREET ADDRESS	2 WORLD TRADE CENTER	
CITY-ST-ZIP	NEW YORK NY 10048	

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, with all other like empowered.

SIGNATURE: *Jeffrey C. Cropsey* **NOTARIAL REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99 (212) 390-5200
 Date Daytime Phone #

CR2E034 (11/98)