

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04560

1. Entity Name
GENERAL SECURITY INSURANCE COMPANY

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90400 011 ***150.00

Principal Place of Business TWO WORLD TRADE CENTER NEW YORK NY 10048	Mailing Address TWO WORLD TRADE CENTER NEW YORK NY 10048-0002
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 52-0643036		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
THE FLORIDA INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL 32301				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KARTER, JEROME		NAME		
STREET ADDRESS	TWO WORLD TRADE CENTER		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10048		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDREWS, JOHN T JR.		NAME		
STREET ADDRESS	TWO WORLD TRADE CENTER		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10048		CITY-ST-ZIP		
TITLE	SVPC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUNN, JOHN		NAME		
STREET ADDRESS	TWO WORLD TRADE CENTER		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		CITY-ST-ZIP		
TITLE	SVPC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CROPSEY, JEFFREY		NAME		
STREET ADDRESS	TWO WORLD TRADE CENTER		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10048		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLONDEAU, JQUES P		NAME		
STREET ADDRESS	AVENUE DE PRESIDENT WILSON		STREET ADDRESS		
CITY-ST-ZIP	PARIS FR		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VERNE, MAXINE H		NAME		
STREET ADDRESS	2 WORLD TRADE CENTER		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10048		CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **974-0** Date Daytime Phone # (212)390-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)