


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P11547  
1. Entity Name  
GENERAL RE LIFE CORPORATION



Principal Place of Business: 695 E MAIN STREET D3 STAMFORD, CT 06904  
Mailing Address: PO BOX 300 STAMFORD, CT 06904

**DO NOT WRITE IN THIS SPACE**



03212005 No Chg-P CR2E034 (10/03)  
4. FEI Number 13-2572994 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WEST, THOMAS M
STREET ADDRESS	695 E. MAIN STREET
CITY - ST - ZIP	STAMFORD, CT 06901
TITLE	T
NAME	YOUNG, HANNAH S
STREET ADDRESS	695 E. MAIN STREET
CITY - ST - ZIP	STAMFORD, CT 06904
TITLE	VPS
NAME	BELLO, CHRISTOPHER R
STREET ADDRESS	695 EAST MAIN STREET
CITY - ST - ZIP	STAMFORD, CT 06904
TITLE	V
NAME	PERKINS, ANDREW M
STREET ADDRESS	698 EAST MAIN STREET
CITY - ST - ZIP	STAMFORD, CT 06904
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 3/21/05 2033523045  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR