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FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 825705 (7)
1. Corporation Name
GENERAL REINSURANCE CORPORATION

Principal Place of Business

695 EAST MAIN STREET
P O BOX 10350
STAMFORD CT 06904

Mailing Address

695 EAST MAIN STREET
P O BOX 10350
STAMFORD CT 06904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1971

4. FEI Number

13-2673100

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

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

Signature, typed or printed, of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME FERGUSON, RONALD
STREET ADDRESS 695 EAST MAIN STREET
CITY-ST-ZIP STAMFORD CT ☐ DELETE

TITLE PD
NAME KELLOGG, TOM N
STREET ADDRESS 695 EAST MAIN STREET
CITY-ST-ZIP STAMFORD CT ☐ DELETE

TITLE VD
NAME FROHBOESE, ERNEST C.
STREET ADDRESS 695 EAST MAIN STREET
CITY-ST-ZIP STAMFORD CT ☐ DELETE

TITLE VS
NAME BARR, CHARLES F
STREET ADDRESS 695 EAST MAIN STREET
CITY-ST-ZIP STAMFORD CT ☐ DELETE

TITLE VT
NAME MONRAD, ELIZABETH A.
STREET ADDRESS 695 E. MAIN ST.
CITY-ST-ZIP STAMFORD CT ☐ DELETE

TITLE DCEO
NAME GUSTAFSON, JAMES E
STREET ADDRESS 695 EAST MAIN STREET
CITY-ST-ZIP STAMFORD CT ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

SIGNATURE

Charles F. Barr
Secretary

1/20/98

(203) 328-5506

CR2E034 (10/97)