

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 825705

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 13-2673100

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CEOD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS ☐ Change ☒ Addition
NAME Timothy T. McCaffrey
STREET ADDRESS 695 East Main Street
CITY-ST-ZIP Stamford, CT 06901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Timothy T. McCaffrey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy T. McCaffrey 2/1/01 (203) 328-5000

Date

Daytime Phone #

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90060 035 ***150.00

80063400



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)