

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825705

Entity Name: GENERAL REINSURANCE CORPORATION

Current Principal Place of Business:

400 ATLANTIC STREET, FL 9
STAMFORD, CT 06901

Current Mailing Address:

400 ATLANTIC STREET, FL 9
ATTN: LEGAL DEPARTMENT
STAMFORD, CT 06901 US

FEI Number: 13-2673100

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
C/O FLORIDA CHIEF FINANCIAL OFFICER AS RA
200 EAST GAINES STREET
TALLAHASSEE, FL 32399-4201 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EXECUTIVE VICE PRESIDENT
Name JONES, ROBERT M.
Address 400 ATLANTIC ST, FL 9
City-State-Zip: STAMFORD CT 06901

Title CHAIR, CEO, DIRECTOR, PRESIDENT
Name RAIGUEL, KARA L.
Address 400 ATLANTIC STREET, FL 9
City-State-Zip: STAMFORD CT 06901

Title SENIOR VICE PRESIDENT, CFO,
TREASURER, DIRECTOR
Name O'DEA, MICHAEL P.
Address 400 ATLANTIC STREET, FL 9
City-State-Zip: STAMFORD CT 06901

Title SENIOR VICE PRESIDENT,
SECRETARY, GENERAL COUNSEL,
DIRECTOR
Name GIFFORD, ANDREW R.
Address 400 ATLANTIC ST, FL 9
City-State-Zip: STAMFORD CT 06901

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANDREW R. GIFFORD

SECRETARY

01/24/2025

Electronic Signature of Signing Officer/Director Detail

Date