

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 825705

**Entity Name:** GENERAL REINSURANCE CORPORATION

**Current Principal Place of Business:**

120 LONG RIDGE ROAD  
STAMFORD, CT 06902

**FILED**  
**Jan 28, 2021**  
**Secretary of State**  
**9600089165CC**

**Current Mailing Address:**

120 LONG RIDGE ROAD  
ATTN: LEGAL DEPARTMENT  
STAMFORD, CT 06902 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 120 LONG RIDGE ROAD  
City-State-Zip: STAMFORD CT 06902

Title CHAIR, CEO, DIRECTOR, PRESIDENT  
Name RAIGUEL, KARA L.  
Address 120 LONG RIDGE ROAD  
City-State-Zip: STAMFORD CT 06902

Title SENIOR VICE PRESIDENT, CFO,  
TREASURER, DIRECTOR  
Name O'DEA, MICHAEL P.  
Address 120 LONG RIDGE ROAD  
City-State-Zip: STAMFORD CT 06902

Title SENIOR VICE PRESIDENT,  
SECRETARY, GENERAL COUNSEL,  
DIRECTOR  
Name GIFFORD, ANDREW R.  
Address 120 LONG RIDGE ROAD  
City-State-Zip: STAMFORD CT 06902

*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**

**SVP, SECRETARY,  
GENERAL COUNSEL**

**01/28/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date