2019 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 Feb 06, 2019 **Secretary of State** 6381919367CC

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 **PRESIDENT** Title EXECUTIVE VICE PRESIDENT

Name FERRERO, CAROLE M Name JONES, ROBERT M. Address 120 LONG RIDGE ROAD Address 120 LONG RIDGE ROAD STAMFORD CT 06902 City-State-Zip: STAMFORD CT 06902 City-State-Zip:

Title SENIOR VICE PRESIDENT, CFO. Title CHAIRMAN, CEO, DIRECTOR

TREASURER, DIRECTOR Name RAIGUEL, KARA L.

Name O'DEA, MICHAEL P. Address 120 LONG RIDGE ROAD 120 LONG RIDGE ROAD Address

City-State-Zip: STAMFORD CT 06902 City-State-Zip: STAMFORD CT 06902

Title SENIOR VICE PRESIDENT, SECRETARY, 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

Electronic Signature of Signing Officer/Director Detail

SECRETARY

02/06/2019 Date