

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 825705

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC8702677827**

**Entity Name:** GENERAL REINSURANCE CORPORATION

**Current Principal Place of Business:**

120 LONG RIDGE ROAD  
STAMFORD, CT 06902

**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 CHAIRMAN, CEO AND DIRECTOR  
Name MONTROSS, FRANKLIN IV  
Address 120 LONG RIDGE ROAD  
City-State-Zip: STAMFORD CT 06902

Title PRESIDENT AND DIRECTOR  
Name TOOKER, ADIN M.  
Address 120 LONG RIDGE ROAD  
City-State-Zip: STAMFORD CT 06902

Title SVP, SECRETARY AND DIRECTOR  
Name VOCKE, DAMON N  
Address 120 LONG RIDGE ROAD  
City-State-Zip: STAMFORD CT 06902

Title SVP, CFO, TREASURER AND DIRECTOR  
Name GASDASKA, WILLIAM G JR.  
Address 120 LONG RIDGE ROAD  
City-State-Zip: STAMFORD CT 06902

Title SVP AND DIRECTOR  
Name LUNDGREN, KENNETH B  
Address 120 LONG RIDGE ROAD  
City-State-Zip: STAMFORD CT 06902

Title SVP AND DIRECTOR  
Name HACALA, MARTIN G.  
Address 120 LONG RIDGE ROAD  
City-State-Zip: STAMFORD CT 06902

Title SVP AND DIRECTOR  
Name LYONS, DANIEL K.  
Address 120 LONG RIDGE ROAD  
City-State-Zip: STAMFORD CT 06902

Title EVP  
Name SCIOLLA, ROBERT D  
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:** DAMON N. VOCKE

**SVP, SECRETARY &  
DIRECTOR**

**01/12/2015**

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

\_\_\_\_\_  
Date