

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825705

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 CHOLNOKY, I. J
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 CANELOS, NICHOLAS S
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 EVP AND DIRECTOR
Name TOOKER, ADIN M.
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

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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 VOCKESVP, SECRETARY AND
DIRECTOR

01/20/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	EVP
Name	SCIOLLA, ROBERT D
Address	120 LONG RIDGE ROAD
City-State-Zip:	STAMFORD CT 06902