

2017 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	EVP
Name	SCIOLLA, ROBERT D.
Address	120 LONG RIDGE ROAD
City-State-Zip:	STAMFORD CT 06902
Title	PRESIDENT
Name	JONES, ROBERT M.
Address	120 LONG RIDGE ROAD
City-State-Zip:	STAMFORD CT 06902
Title	CFO, TREASURER, DIRECTOR
Name	O'DEA, MICHAEL P.
Address	120 LONG RIDGE ROAD
City-State-Zip:	STAMFORD CT 06902

Title	PRESIDENT
Name	FERRERO, CAROLE M
Address	120 LONG RIDGE ROAD
City-State-Zip:	STAMFORD CT 06902
Title	CHAIRMAN, CEO, DIRECTOR
Name	RAIGUEL, KARA L.
Address	120 LONG RIDGE ROAD
City-State-Zip:	STAMFORD CT 06902
Title	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**SECRETARY AND
DIRECTOR****01/10/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date