## 2015 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 12, 2015
Secretary of State
CC8702677827

## **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	Title	PRESIDENT AND DIRECTOR
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Name MONTROSS, FRANKLIN IV Name TOOKER, ADIN M.

Address 120 LONG RIDGE ROAD Address 120 LONG RIDGE ROAD

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

Title SVP, SECRETARY AND DIRECTOR Title SVP, CFO, TREASURER AND

DIRECTOR

Name VOCKE, DAMON N
Name GASDASKA, WILLIAM G JR.
Address 120 LONG RIDGE ROAD

City-State-Zip: STAMFORD CT 06902

Address 120 LONG RIDGE ROAD

City-State-Zip: STAMFORD CT 06902

City-State-Zip: STAMFORD CT 06902

TitleSVP AND DIRECTORTitleSVP AND DIRECTORNameLUNDGREN, KENNETH BNameHACALA, MARTIN G.Address120 LONG RIDGE ROADAddress120 LONG RIDGE ROAD

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

Title SVP AND DIRECTOR Title EVP

NameLYONS, DANIEL K.NameSCIOLLA, ROBERT DAddress120 LONG RIDGE ROADAddress120 LONG RIDGE ROADCity-State-Zip:STAMFORD CT 06902City-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 & 01
DIRECTOR

01/12/2015