

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 846082

**Entity Name:** CONTINENTAL GENERAL INSURANCE COMPANY**Current Principal Place of Business:**11001 LAKELINE BLVD  
SUITE 120  
AUSTIN, TX 78717**Current Mailing Address:**11001 LAKELINE BLVD  
SUITE 120  
AUSTIN, TX 78717 US**FEI Number:** 47-0463747**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 EAST GAINES STREET  
LARSON BUILDING  
TALLAHASSEE, FL 32399-0300 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	SECRETARY
Name	DESJARDINS, ROGER E
Address	11001 LAKELINE BLVD SUITE 120
City-State-Zip:	AUSTIN TX 78717
Title	TREASURER/VICE PRESIDENT
Name	WARD, JANET
Address	11001 LAKELINE BLVD SUITE 120
City-State-Zip:	AUSTIN TX 78717

Title	PRESIDENT
Name	MAZUR, MICHAEL W
Address	11001 LAKELINE BLVD SUITE 120
City-State-Zip:	AUSTIN TX 78717
Title	CHIEF ACTUARY
Name	PYLE, THOMAS
Address	11001 LAKELINE BLVD SUITE 120
City-State-Zip:	AUSTIN TX 78717

*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:** MICHAEL W MAZUR

PRESIDENT

03/29/2017

Electronic Signature of Signing Officer/Director Detail

Date