

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 829053

1. Entity Name

GE REINSURANCE CORPORATION

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90134 008 \*\*\*150.00

Principal Place of Business

Mailing Address

1 KEMPER DRIVE  
BUILDING 3  
LONG GROVE IL 60049

1 KEMPER DRIVE  
BUILDING 3  
LONG GROVE IL 60049-0001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

475 Half Day Road

3. Mailing Address

475 Half Day Road

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Lincolnshire, IL

City & State

Lincolnshire, IL

4. FEI Number

36-2667627

Applied For

Not Applicable

Zip

60069

Country

Lake

Zip

60069

Country

Lake

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
CAPITOL BLDG  
TALLAHASSEE FL 32304

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DC ☐ Delete  
NAME WOOD, JR., HOYT H  
STREET ADDRESS 5200 METCALF  
CITY-ST-ZIP OVERLAND PARK KS 66201

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DP ☐ Delete  
NAME MILLER, JAMES R  
STREET ADDRESS 1 KEMPER DRIVE, BUILDING 3  
CITY-ST-ZIP LONG GROVE IL 60049

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 475 Half Day Road, Suite 300  
CITY-ST-ZIP Lincolnshire, IL 60069

TITLE DV ☐ Delete  
NAME FLAHERTY, WILLIAM E  
STREET ADDRESS 1 KEMPER DRIVE, BUILDING 3  
CITY-ST-ZIP LONG GROVE IL 60049

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 475 Half Day Road, Suite 300  
CITY-ST-ZIP Lincolnshire, IL 60069

TITLE DV ☐ Delete  
NAME SKIDMORE, REX O  
STREET ADDRESS 6329 GLENWOOD, SUITE 300  
CITY-ST-ZIP OVERLAND PARK KS 66202

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME PAPASTEFAN, WILLIAM S  
STREET ADDRESS 1 KEMPER DRIVE, BUILDING 3  
CITY-ST-ZIP LONG GROVE IL 60049

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 475 Half Day Road, Suite 300  
CITY-ST-ZIP Lincolnshire, IL 60069

TITLE S ☒ Delete  
NAME BRODNAN, DAVID S  
STREET ADDRESS 1 KEMPER DRIVE, BUILDING 3  
CITY-ST-ZIP LONG GROVE IL 60049

TITLE ☐ Change ☒ Addition  
NAME S  
STREET ADDRESS Frank J. Kehrwald  
CITY-ST-ZIP 475 Half Day Road, Suite 300  
Lincolnshire, IL 60069

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.S. Papastefan, Treasurer

04/04/00

Date

(847) 876-1560

Daytime Phone #

CR2E034 (9/99)