

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90308 045 ***150.00

DOCUMENT # 829053

1. Entity Name

GE REINSURANCE CORPORATION

Principal Place of Business

**475 HALF DAY ROAD
 SUITE 300
 LINCOLNSHIRE IL 60069**

Mailing Address

**475 HALF DAY ROAD
 SUITE 300
 LINCOLNSHIRE IL 60069**

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, Illinois

City & State

Lincolnshire, Illinois

Zip

60069

Country

Lake

Zip

60069

Country

Lake

4. FEI Number

36-2667627

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
 CAPITOL BLDG
 TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent

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, 2001 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

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

TITLE **DP** ☐ Delete
 NAME **MILLER, JAMES R**
 STREET ADDRESS **475 HALF DAY ROAD SUITE 300**
 CITY-ST-ZIP **LINCOLNSHIRE IL 60069**

TITLE **DV** ☐ Delete
 NAME **FLAHERTY, WILLIAM E**
 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 **T** ☐ Delete
 NAME **PAPASTEFAN, WILLIAM S**
 STREET ADDRESS **475 HALF DAY ROAD SUITE 300**
 CITY-ST-ZIP **LINCOLNSHIRE IL 60069**

TITLE **S** ☐ Delete
 NAME **KEHRAWALD, FRANK J**
 STREET ADDRESS **475 HALF DAY ROAD SUITE 300**
 CITY-ST-ZIP **LINCOLNSHIRE IL 60069**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC** ☐ Change ☒ Addition
 NAME **Smith, Richard F.**
 STREET ADDRESS **5200 Metcalf**
 CITY-ST-ZIP **Overland Park, KS 66201**

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

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

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:

W.S. Papastefan

W.S. Papastefan, Treasurer 4/06/01 (847)876-1560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)