

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 829053

FILED
Jan 28, 2004
Secretary of State

Entity Name: GE REINSURANCE CORPORATION

Current Principal Place of Business:

540 W NORTHWEST HWY
BARRINGTON, IL 60010

New Principal Place of Business:

Current Mailing Address:

540 W NORTHWEST HWY
BARRINGTON, IL 60010

New Mailing Address:

FEI Number: 36-2667627 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: SMITH, RICHARD F
Address: 5200 METCALF
City-St-Zip: OVERLAND PARK, KS 66201

Title: C () Delete
Name: CARROLL, TIMOTHY J
Address: 540 W NORTHWEST HIGHWAY
City-St-Zip: BARRINGTON, IL 60010

Title: DV () Delete
Name: FLAHERTY, WILLIAM E
Address: 540 W NORTHEAST HIGHWAY
City-St-Zip: BARRINGTON, IL 60010

Title: C () Delete
Name: HOCKERSMITH, JEFF
Address: 5200 METCALF
City-St-Zip: OVERLAND PARK, KS 66202

Title: S () Delete
Name: KEHRWALD, FRANK J
Address: 5200 MATCALF
City-St-Zip: OVERLAND PARK, KS 66202

Title: C (X) Delete
Name: DIERICX, BRADLEY
Address: 540 W NORTHEAST HWY
City-St-Zip: BARRINGTON, IL 60010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JEFF HOCKERSMITH

C

01/28/2004

Electronic Signature of Signing Officer or Director

_____ Date