

2002 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P04889**

1. Entity Name

GENERAL SECURITY NATIONAL INSURANCE COMPANY**FILED**
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90088 045 ***550.00

0110665 AT

Principal Place of Business

**199 WATER STREET
NEW YORK NY 10038**

Mailing Address

**199 WATER STREET
NEW YORK NY 10038**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3029255**Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
C	RUSET, ALEXIS	199 WATER STREET	NEW YORK NY	<input checked="" type="checkbox"/>
PCEO	CHAVEL, FRANCOIS MARIE	199 WATER STREET	NEW YORK NY	<input checked="" type="checkbox"/>
D	BURIGANA, ENUS A	199 WATER STREET	NEW YORK NY	<input checked="" type="checkbox"/>
DEXC	SCHMIDT, DANIEL E. IV	199 WATER STREET	NEW YORK NY	<input checked="" type="checkbox"/>
EVCU	PAPADOPOULOU, NICOLAS	199 WATER ST	NEW YORK NY	<input checked="" type="checkbox"/>
D	ROUSSEAU, JEAN P	199 WATER STREET	NEW YORK NY	<input checked="" type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
CHAIRMAN OF THE BOARD	JACQUES P. BLONDET	199 WATER STREET	NEW YORK NY 10038-3526	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VICE CHAIRMAN	SERGE M.P. OSEUF	199 WATER STREET	NEW YORK NY 10038-3526	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	ALLAN M. CHAPIN	199 WATER STREET	NEW YORK NY 10038-3526	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	JOHN R. COX	199 WATER STREET	NEW YORK NY 10038-3526	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SR. V.P. + CHIEF UNDERWRITING OFFICER	ROBERT J. FABER	199 WATER STREET	NEW YORK NY 10038-3526	<input type="checkbox"/>	<input checked="" type="checkbox"/>
RESIDENT + CHIEF EXECUTIVE OFFICER	GEROME FAURE	199 WATER STREET	NEW YORK NY 10038-3526	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
PD4889 980556

GENERAL SECURITY NATIONAL INSURANCE COMPANY

DIRECTORS AND PRINCIPAL OFFICERS
Continued

7. William T. Harris Director
Director
199 Water Street
New York, NY 10038
8. Jerome Karter Director
Director
199 Water Street
New York, NY 10038
9. Patrick Peugeot Director
Director
199 Water Street
New York, NY 10038
10. Graham Pewter Director
Director
199 Water Street
New York, NY 10038
11. Francois Reach Director
Director
199 Water Street
New York, NY 10038
12. David J. Sherwood Director
Director
199 Water Street
New York, NY 10038
13. Ellen E. Thrower Director
Director
199 Water Street
New York, NY 10038
14. John T. Andrews, Jr. Officer
Senior Vice President, General Counsel and Corporate Secretary
199 Water Street
New York, NY 10038

Attachment 980556
D04889

15. Steven Z. Desner Officer
Senior Vice President, Human Resources and Administration
199 Water Street
New York, NY 10038
16. John Fitzpatrick Officer
Senior Vice President
199 Water Street
New York, NY 10038
17. Andrew Flasko Officer
Senior Vice President, Chief Information Officer
199 Water Street
New York, NY 10038
18. Kudret Oztap Officer
Senior Vice President
199 Water Street
New York, NY 10038
19. John Petroccione Officer
Senior Vice President
199 Water Street
New York, NY 10038
20. John Verbich Officer
Senior Vice President and Chief Financial Officer
199 Water Street
New York, NY 10038

Attachment
FLORIDA DEPARTMENT OF INSURANCE
SERVICE OF PROCESS CONSENT & AGREEMENT

7041889
90554

(Please type or print all information)

☐ Original Designation ☐ Insurer Name Change ☐ Merger / Acquisition ☒ Update Delivery Information

Insurer or Company Name: General Security National Insurance Company
Previous Name (If applicable): _____
Home Office Address: One Seaport Plaza, 199 Water Street, 21st floor
New York, NY 10038
City, State, Zip
13-3029255 212-480-1900
FEI # FL Company Code Telephone #

Know all men by these present, that the insurer or other entity named above is subject to the statutory agent for service of process provisions of the Florida Insurance Code duly organized and existing under and by virtue of the laws of the state of domicile.

Said entity does hereby agree and consent that actions may be commenced against it in any court having jurisdiction in any county in the State of Florida, in which a cause of action may arise, or in which the plaintiff may reside, by the service of process upon the Insurance Commissioner of the State of Florida. Said entity also hereby stipulates and agrees that any and all process so served shall be taken and held in all Courts to be as valid and binding upon this insurer or other entity as if personal service had been made upon the President or Secretary, or any other duly authorized and accredited officer thereof.

The undersigned hereby further agrees and stipulates that this agreement is and shall remain irrevocable, so long as there is liability, under any policy, claim or cause of action within this state, either fixed or contingent. Said insurer or other entity does hereby designate the following as the name and address of the person to whom all process is to be forwarded when process is served upon said Insurance Commissioner on behalf of the above named insurer or entity. In the event of a change in the name of the insurer or the designation of the person to whom process is to be forwarded, whether it be name and/or mailing address, the insurer or company shall immediately file a new agreement form with the Insurance Commissioner at the address shown at the bottom of this page.

Designated Person
to receive process:

Firm:

Mailing Address:

City, State, Zip

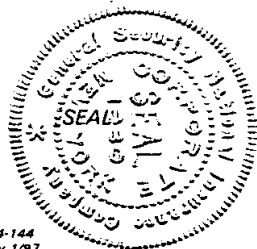
Anne Boutillier
CT Corporation System
1200 S. Pine Island Rd.
Plantation, FL 33324

Signature:

Anne Boutillier

I hereby consent and agree to be the person to whom process served upon the Insurance Commissioner for said entity, may be forwarded.

In Witness Whereof, we, the President or Chief Executive Officer and Secretary of said insurer or other entity, being duly authorized by the Board of Directors or governing body of this entity to execute this document, have hereunto set our hands and affixed the seal of said insurer or other entity on this the 10th day of September, A.D. 2002.



President or CEO's Signature

Jerome Faure

President or CEO (Typed or Printed)

Secretary's Signature

John T. Andrews, Jr.

Secretary (Typed or Printed)

Any signatures other than the President, CEO, or Secretary for the Company must be validated by the attachment of a resolution of the Board of Directors or Governing body of said company delegating the authority to sign for the company.