

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


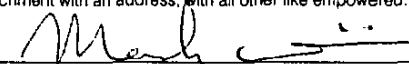
**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90032 023 \*\*\*150.00

60027978



03122007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P04889</b>					
1. Entity Name GENERAL SECURITY NATIONAL INSURANCE COMPANY					
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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 13-3029255	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CFOV	<input checked="" type="checkbox"/> Delete	TITLE	SVP & CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, JOSEPH		NAME	Mark Kociancic	
STREET ADDRESS	199 WATER STREET		STREET ADDRESS	199 Water Street	
CITY-ST-ZIP	NEW YORK, NY 10038		CITY-ST-ZIP	New York, NY 10038	
TITLE	SVCS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILARY VERNE, MAXINE		NAME		
STREET ADDRESS	199 WATER STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10038		CITY-ST-ZIP		
TITLE	VPSR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZPATRICK, JOHN PATRICK		NAME		
STREET ADDRESS	199 WATER ST.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10038		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPIN, ALLAN		NAME		
STREET ADDRESS	199 WATER STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 100383526		CITY-ST-ZIP		
TITLE	DC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESSLER, DENIS		NAME		
STREET ADDRESS	199 WATER ST.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10038		CITY-ST-ZIP		
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLECAN, HENRY JR.		NAME		
STREET ADDRESS	199 WATER ST.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10038		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			3/23/07		212-984-9085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #