## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04889

FILED Oct 15, 2009 Secretary of State

Entity Name: GENERAL SECURITY NATIONAL INSURANCE COMPANY

Current Principal Place of Business:			New Prin	New Principal Place of Business:		
199 WATER STREET NEW YORK, NY 10038						
Current Mailing Address:			New Mail	New Mailing Address:		
199 WATER STREET NEW YORK, NY 10038						
FEI Number: 13-3029255 FEI Number Applied For ( ) FEI Number		FEI Number Not App	mber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US						
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: MICHELE POLSKY						
	Electroni	c Signature of Registered Agent		Date		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SVPC () I KOCIANCIC, MA 199 WATER STF NEW YORK, NY	REET	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	SVCS () HILARY VERNE, 199 WATER STE NEW YORK, NY	REET	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	SVP ( ) I BLANC, MICHEL 199 WATER ST NEW YORK, NY	21 FL	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition CONOSCENTE, JEAN-PAUL 199 WATER ST 21 FL NEW YORK, NY 10038		
Title: Name: Address: City-St-Zip:	D () I CHAPIN, ALLAN 199 WATER STF NEW YORK, NY		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	DC () KESSLER, DENI 199 WATER ST. NEW YORK, NY		Title: Name: Address: City-St-Zip:	SVP (X) Change ( ) Addition ROUTLEDGE, LEE 199 WATER ST. NEW YORK, NY 10038		
Title: Name: Address: City-St-Zip:	PCEO ( )   KLECAN, HENR' 199 WATER ST. NEW YORK, NY		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MAXINE H. VERNE SVP 10/15/2009