

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04889

FILED
Jan 07, 2010
Secretary of State

Entity Name: GENERAL SECURITY NATIONAL INSURANCE COMPANY

Current Principal Place of Business:

199 WATER STREET
NEW YORK, NY 10038

New Principal Place of Business:

199 WATER STREET
SUITE 2100
NEW YORK, NY 10038

Current Mailing Address:

199 WATER STREET
NEW YORK, NY 10038

New Mailing Address:

FEI Number: 13-3029255 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: SVPT
Name: KOCIANCIC, MARK
Address: 199 WATER STREET
City-St-Zip: NEW YORK, NY 10038

Title: SVCS
Name: HILARY VERNE, MAXINE
Address: 199 WATER STREET
City-St-Zip: NEW YORK, NY 10038

Title: D
Name: CONOSCENTE, JEAN-PAUL
Address: 199 WATER ST 21 FL
City-St-Zip: NEW YORK, NY 10038

Title: D
Name: CHAPIN, ALLAN
Address: 199 WATER STREET
City-St-Zip: NEW YORK, NY 100383526

Title: SVP
Name: ROUTLEDGE, LEE
Address: 199 WATER ST.
City-St-Zip: NEW YORK, NY 10038

Title: CEOP
Name: KLECAN, HENRY JR.
Address: 199 WATER ST.
City-St-Zip: NEW YORK, NY 10038

I hereby 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 all other like empowered.

SIGNATURE: MARK KOCIANCIC

SVPT

01/07/2010

Electronic Signature of Signing Officer or Director

_____ Date