



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90141 027 ***150.00

DOCUMENT # P06815 1. Entity Name GERLING GLOBAL REINSURANCE CORPORATION OF AMERICA					
Principal Place of Business 717 FIFTH AVENUE NEW YORK, NY 10022 US			Mailing Address 717 FIFTH AVENUE NEW YORK, NY 10022 US		
2. Principal Place of Business 1345 Avenue of the Americas Suite, Apt. #, etc. 20th Floor City & State New York, NY Zip 10105		3. Mailing Address 1345 Avenue of the Americas Suite, Apt. #, etc. 20th Floor City & State New York, NY Zip 10105			
4. FEI Number 13-5009848		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04182005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	C KANN, ACHIM GEREONSHOF D-50660 COLOGNE, GERMANY, 50660	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KANN, ACHIM IM MEDIAPARK 4B COLOGNE, GERMANY 50670	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUNAES, BARD E 717 FIFTH AVENUE NEW YORK, NY 10022	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUNAES, BARD E. 1345 Avenue of the Americas, 20th Floor New York, NY 10105	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCGEOUGH, THOMAS J 717 FIFTH AVENUE NEW YORK, NY 10022	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCGEOUGH, THOMAS J. 1345 Avenue of the Americas, 20th Floor New York, NY 10105	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FINKELSTEIN, BRIAN W 717 FIFTH AVENUE NEW YORK, NY 10022	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FINKELSTEIN, BRIAN W. 1345 Avenue of the Americas, 20th Floor New York, NY 10105	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV KEOGH, BARRY R 717 FIFTH AVENUE NEW YORK, NY 10022	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP KEOGH, BARRY R. 1345 Avenue of the Americas, 20th Floor New York, NY 10105	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV POTTS, VINCENT S 717 FIFTH AVENUE NEW YORK, NY 10022	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP POTTS, VINCENT S. 1345 Avenue of the Americas, 20th Floor New York, NY 10105	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:		BRIAN WAYNE FINKELSTEIN		4/29/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	