

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90230 037 \*\*\*150.00

**DOCUMENT # P06815**

1. Entity Name  
**GLOBAL REINSURANCE CORPORATION OF AMERICA**



Principal Place of Business  
**1345 AVENUE OF THE AMERICAS  
20TH FLOOR  
NEW YORK, NY 10105 US**

Mailing Address  
**1345 AVENUE OF THE AMERICAS  
20TH FLOOR  
NEW YORK, NY 10105 US**

**50016788**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

04102006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number  
**13-5009848**

Applied For  
Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete  
NAME **KANN, ACHIM**  
STREET ADDRESS **IM MEDIAPARK 4B**  
CITY-ST-ZIP **COLOGNE, GERMANY, 50670**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **BUNAES, BARD E**  
STREET ADDRESS **1345 AVENUES OF THE AMERICAS, 20TH FLR**  
CITY-ST-ZIP **NEW YORK, NY 10105**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☒ Delete  
NAME **MCGEOUGH, THOMAS J**  
STREET ADDRESS **1345 AVENUE OF THE AMERICAS, 20TH FLR**  
CITY-ST-ZIP **NEW YORK, NY 10105**

TITLE **EVP, SD** ☐ Change ☒ Addition  
NAME **Smith, David W.**  
STREET ADDRESS **1345 Avenue of the Americas, 20th Floor**  
CITY-ST-ZIP **New York, NY 10105**

TITLE **CFO** ☐ Delete  
NAME **FINKELSTEIN, BRIAN W**  
STREET ADDRESS **1345 AVENUE OF THE AMERICAS, 20TH FLR**  
CITY-ST-ZIP **NEW YORK, NY 10105**

TITLE **EVP & CFO** ☒ Change ☐ Addition  
NAME **Finkelstein, Brian Wayne**  
STREET ADDRESS **1345 Avenue of the Americas, 20th Floor**  
CITY-ST-ZIP **New York, NY 10105**

TITLE **SV** ☐ Delete  
NAME **KEOGH, BARRY R**  
STREET ADDRESS **1345 AVENUE OF THE AMERICAS, 20TH FLR**  
CITY-ST-ZIP **NEW YORK, NY 10105**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SV** ☐ Delete  
NAME **POTTS, VINCENT S**  
STREET ADDRESS **1345 AVENUE OF THE AMERICAS, 20TH FLR**  
CITY-ST-ZIP **NEW YORK, NY 10105**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:** *Bard E. Bunaes* **Bard E. Bunaes - President**

**04/25/2006 212-754-7500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #