

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90122 002 ***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**

40081649



2. Principal Place of Business - No P.O. Box #
7 Times Square, 37th Floor

3. Mailing Address
7 Times Square, 37th Floor

Suite, Apt. #, etc.
Times Square Tower

Suite, Apt. #, etc.
Times Square Tower

04162008 Chg-P CR2E034 (12/06)

City & State
New York, NY

City & State
New York, NY

4. FEI Number
13-5009848

Applied For
☐ Not Applicable

Zip
10036

Country

Zip
10036

Country

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

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	KANN, ACHIM	
STREET ADDRESS	IM MEDIAPARK 4B	
CITY-ST-ZIP	COLOGNE, GERMANY, 50670	
TITLE	P	<input type="checkbox"/> Delete
NAME	BUNAES, BARD E	
STREET ADDRESS	1345 AVENUES OF THE AMERICAS, 20TH FLR	
CITY-ST-ZIP	NEW YORK, NY 10105	
TITLE	EVSD	<input type="checkbox"/> Delete
NAME	SMITH, DAVID W	
STREET ADDRESS	1345 AVENUE OF THE AMERICAS, 20TH FLR	
CITY-ST-ZIP	NEW YORK, NY 10105	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	BURTON, HENRY I	
STREET ADDRESS	1345 AVENUE OF THE AMERICAS, 20TH FLR	
CITY-ST-ZIP	NEW YORK, NY 10105	
TITLE	SV	<input type="checkbox"/> Delete
NAME	KEOGH, BARRY R	
STREET ADDRESS	1345 AVENUE OF THE AMERICAS, 20TH FLR	
CITY-ST-ZIP	NEW YORK, NY 10105	
TITLE	SV	<input type="checkbox"/> Delete
NAME	POTTS, VINCENT S	
STREET ADDRESS	1345 AVENUE OF THE AMERICAS, 20TH FLR	
CITY-ST-ZIP	NEW YORK, NY 10105	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7 Times Square, 37th Floor	
CITY-ST-ZIP	New York, NY 10036	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7 Times Square, 37th Floor	
CITY-ST-ZIP	New York, NY 10036	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7 Times Square, 37th Floor	
CITY-ST-ZIP	New York, NY 10036	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henry, Burton I.	
STREET ADDRESS	7 Times Square, 37th Floor	
CITY-ST-ZIP	New York, NY 10036	
TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7 Times Square, 37th Floor	
CITY-ST-ZIP	New York, NY 10036	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SVP	
STREET ADDRESS	7 Times Square, 37th Floor	
CITY-ST-ZIP	New York, NY 10036	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Us time change

4/16/08