

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90335 038 \*\*\*150.00

DOCUMENT # P11547

1. Entity Name  
GENERAL RE LIFE CORPORATION



Principal Place of Business  
695 E MAIN STREET  
D3  
STAMFORD, CT 06904  
~~XXXXX~~

Mailing Address  
~~PO BOX 300~~  
~~STAMFORD, CT 06904~~

50010687



2. Principal Place of Business

3. Mailing Address

695 East Main Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
D3

04052006

Chg-P

CR2E034 (11/05)

City & State

City & State  
Stamford, CT

4. FEI Number

13-2572994

Applied For

Not Applicable

Zip 06901

Country

Zip 06901

Country USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER  
F O BOX 6200 (32314-6200)  
240 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete  
NAME WEST, THOMAS M  
STREET ADDRESS 695 E. MAIN STREET  
CITY-STATE-ZIP STAMFORD, CT 06901

TITLE T ☐ Delete  
NAME YOUNG, HANNAH S  
STREET ADDRESS 695 E. MAIN STREET  
CITY-STATE-ZIP STAMFORD, CT 06904

TITLE VPS ☐ Delete  
NAME BELLO, CHRISTOPHER R  
STREET ADDRESS 695 EAST MAIN STREET  
CITY-STATE-ZIP STAMFORD, CT 06904

TITLE V ☐ Delete  
NAME PERKINS, ANDREW M  
STREET ADDRESS 698 EAST MAIN STREET  
CITY-STATE-ZIP STAMFORD, CT 06904

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher R. Bello Secretary & V.P. 4/5/06

Date

Daytime Phone #