## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # P11547  1. Entity Name GENERAL RE LIFE CORPORATION						# w #	04-30-2007 9	0429 041	. ***150	.00
Principal Place of Business Mailing Address										
695 E MAIN	STREET	695 E MAIN ST								
D3 Stamford, (	CT 06901	D 3 Stamford, CT 06901				) <b>  (6.8</b> )   <b>6.8</b> 3   <b>6.</b> 14	<b>(88</b> )	BI <b>S</b> IT BIBLI BIBLI	J(X)  B B   B B	ani fi indi
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04192007	Chg-P	CR2E03	4 (12/06)	
City & State		City & State				4. FEI Number 13-2572			<del></del>	plied For Applicable
Zip	Country	Zip	Count	try		5. Certificate o	f Status Desired		8.75 Add	
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent					
CHIEF FINANCIAL OFFICER										
P O BOX 6200 (32314-6200) 200 E. GAINES ST			Street Address (P.O. Box Number is Not Acceptable)							
TALLAHASSEE, FL 32399-0000							***************************************		7-2-	
				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 bitle if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.						00 May Be ed to Fees				
10.					-		HANGES TO OFFI	ICERS AND	DIRECTORS	IN 11
NAME			TITLE	1		easurer □ Change □ XAdditio seph Conetta				Addition X
STREET ADDRESS	695 E. MAIN STREET					-				
CITY - ST - ZIP			CHY	-St-ZIP		5 East Main Street amford, CT 06901-2141				
TITLE			TITLE	į		☐ Change ☐ Addition				
NAME Street address	BELLO, CHRISTOPHER R 695 EAST MAIN STREET NAM			ET ADDRESS						
CITY-ST-ZIP			CITY	·\$1-ZIP						
TITLE	_ 50000		TITLE						Change	☐ Addition
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CITY-ST-ZIP				ET ADDRESS -SI-ZIP						
12.   hereby	certify that the information supplied wil	h this filing does not qualify for	r the exe	emptions co	ontained	i in Chapter 119,	Florida Statutes. I	further certi	fy that the in	nformation

indicated on this report or supplemental report is frue 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: Christopher I Christopher R. Bello Sec. and Vice President 203-352-3045

4/23/07 Date

Daytime Phone #