

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90031 042 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P12565

1. Corporation Name

GERLING GLOBAL REINSURANCE CORPORATION

Principal Place of Business

717 FIFTH AVENUE
NEW YORK NY 10022

Mailing Address

717 FIFTH AVENUE
NEW YORK NY 10022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1986

4. FEI Number

13-6107326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PDC** ☐ DELETE
NAME **NIEBUHR, GERHARD**
STREET ADDRESS **717 FIFTH AVENUE**
CITY-ST-ZIP **NEW YORK NY**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **PCEO** ☐ DELETE
NAME **TROIANO, CHARLES**
STREET ADDRESS **717 FIFTH AVENUE**
CITY-ST-ZIP **NEW YORK NY 10022**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **STROHSCHEN, NORBERT**
STREET ADDRESS **GERLING-KONZERN**
CITY-ST-ZIP **WEST GERMANY**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **ZECH, DR. JUERGEN**
STREET ADDRESS **GERLING-KONZERN**
CITY-ST-ZIP **WEST GERMANY**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **SMITH, DAVID W.**
STREET ADDRESS **717 FIFTH AVE**
CITY-ST-ZIP **NEW YORK NY 10022**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/8/99

CR2E034 (5/99)

596 105 70031-42
P12565

JEANNE M. MCGUINNESS

Assistant Secretary



GERLING GLOBAL
REINSURANCE CORPORATION OF AMERICA

717 Fifth Avenue
New York, NY 10022-8101
Telephone: 212-754-7575
Fax: 212-821-0498
Email: jeanne.mcguinness@ggrca.com

July 8, 1999

Division of Corporations
Annual Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Annual Report Filing for Gerling Global Reinsurance Corporation-U.S.
Branch

Dear-Sir/Madam:

Enclosed please find the Annual Report on behalf of Gerling Global Reinsurance Corporation-U.S. Branch and the \$150.00 filing fee. Please be advised that we never received the first Annual Report. Per instructions from Gina, of your office we respectfully request a waiver of the \$400.00 late fee as we never received notice of the first annual report. This is the second year in which this has occurred. Perhaps in future years this document should be sent by certified mail.

Thank you in advance for your attention to this matter.

Very truly yours,


Jeanne M. McGuinness