


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2004 8:00 am
Secretary of State

05-25-2004 90001 022 ***550.00

DOCUMENT # P12565 1. Entity 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	
2. Principal Place of Business 717 FIFTH AVENUE		3. Mailing Address 717 FIFTH AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NEW YORK, NY		City & State NEW YORK, NY	
Zip 10022		Zip 10022	
Country		Country	
4. FEI Number 13-6107326		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 6200 (32314-6200) 200 EAST GAINES STREET City TALLAHASSEE, FL Zip Code 32399-0000	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE C NAME KNIPPER, STEPHAN STREET ADDRESS GEREONSHOT D-50670 CITY-ST-ZIP COLOGNE GERMANY,	<input checked="" type="checkbox"/> Delete	TITLE C NAME KANN, ACHIM STREET ADDRESS GEREONSHOF D-50660 CITY-ST-ZIP COLOGNE, GERMANY, DE 50660	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME MCCAFFERTY, KEVIN STREET ADDRESS 717 FIFTH AVENUE CITY-ST-ZIP NEW YORK, NY 10022	<input checked="" type="checkbox"/> Delete	TITLE P NAME BUNAES, BARD E. STREET ADDRESS 717 FIFTH AVENUE CITY-ST-ZIP NEW YORK, NY 10022	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CFO NAME TANNERT, MICHAEL STREET ADDRESS 717 FIFTH AVENUE CITY-ST-ZIP NEW YORK, NY 10022	<input checked="" type="checkbox"/> Delete	TITLE SD NAME McGEOUGH, THOMAS J. STREET ADDRESS 717 FIFTH AVENUE CITY-ST-ZIP NEW YORK, NY 10022	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME FINKELSTEIN, BRIAN STREET ADDRESS 717 FIFTH AVENUE CITY-ST-ZIP NEW YORK, NY 10022	<input checked="" type="checkbox"/> Delete	TITLE CFO NAME FINKELSTEIN, BRIAN W. STREET ADDRESS 717 FIFTH AVENUE CITY-ST-ZIP NEW YORK, NY 10022	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME SMITH, DAVID W. STREET ADDRESS 717 FIFTH AVE CITY-ST-ZIP NEW YORK, NY 10022	<input checked="" type="checkbox"/> Delete	TITLE SVP NAME KEOGH, BARRY STREET ADDRESS 717 FIFTH AVENUE CITY-ST-ZIP NEW YORK, NY 10022	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE VP NAME FLETCHER, JAMES STREET ADDRESS 717 FIFTH AVENUE CITY-ST-ZIP NEW YORK, NY 10022	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. 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 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 registered agent 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: FINKELSTEIN, BRIAN W. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		MAY 13, 2004 <small>Date</small>	
(212)754-7525 <small>Daytime Phone #</small>			