

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P34863

FILED
Jan 06, 2006
Secretary of State

Entity Name: GERLING AMERICA INSURANCE COMPANY

Current Principal Place of Business:

100 PARK AVENUE
28TH FLOOR
NEW YORK, NY 10017 US

New Principal Place of Business:

Current Mailing Address:

100 PARK AVENUE
28TH FLOOR
NEW YORK, NY 10017 US

New Mailing Address:

FEI Number: 13-3071466 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: BREUER, WOLFGANG DR.
Address: 5000 GERRON S HOF
City-St-Zip: GERMANY,

Title: VD () Delete
Name: LARocca, MICHAEL P
Address: 100 PARK AVENUE, 28TH FLOOR
City-St-Zip: NEW YORK, NY 10017

Title: VTD () Delete
Name: BARROW, RICHARD M
Address: 100 PARK AVENUE, 28TH FLOOR
City-St-Zip: NEW YORK, NY 10017

Title: VD () Delete
Name: MARTIN, JOHN
Address: 100 PARK AVENUE, 28TH FLOOR
City-St-Zip: NEW YORK, NY 10017

Title: PD () Delete
Name: NOACK, PETER
Address: 100 PARK AVENUE, 28TH FLOOR
City-St-Zip: NEW YORK, NY 10017

Title: VD () Delete
Name: DAVIDOWITZ, MARK
Address: 100 PARK AVENUE, 28TH FLOOR
City-St-Zip: NEW YORK, NY 10017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA ANDRIOTIS

AVP

01/06/2006

Electronic Signature of Signing Officer or Director

_____ Date