

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 846082

Entity Name: CONTINENTAL GENERAL INSURANCE COMPANY**Current Principal Place of Business:**11001 LAKELINE BLVD
SUITE 120
AUSTIN, TX 78717**Current Mailing Address:**P.O. BOX 203098
AUSTIN, TX 78720-9917 US**FEI Number:** 47-0463747**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 EAST GAINES STREET
LARSON BUILDING
TALLAHASSEE, FL 32399-0300 US*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

Officer/Director Detail :

Title SECRETARY
Name LOVAAS, ELIZABETH A
Address 11001 LAKELINE BLVD
SUITE 120
City-State-Zip: AUSTIN TX 78717

Title TREASURER
Name WARD, JANET
Address 11001 LAKELINE BLVD
SUITE 120
City-State-Zip: AUSTIN TX 78717

Title CHIEF ACTUARY
Name PYLE, THOMAS
Address 11001 LAKELINE BLVD
SUITE 120
City-State-Zip: AUSTIN TX 78717

Title PRESIDENT, CEO
Name RAMSEY, DAVID D.
Address 11001 LAKELINE BLVD
SUITE 120
City-State-Zip: AUSTIN TX 78717

Title SVP AND CHIEF OPERATING
OFFICER
Name BEST, FABIOLA
Address 11001 LAKELINE BLVD
SUITE 120
City-State-Zip: AUSTIN TX 78717

Title DIRECTOR
Name SAENZ, JOSE DANIEL
Address 11001 LAKELINE BLVD
SUITE 120
City-State-Zip: AUSTIN TX 78717

Title DIRECTOR
Name GISSER, VICTOR MICHAEL
Address 11001 LAKELINE BLVD
SUITE 120
City-State-Zip: AUSTIN TX 78717

Title DIRECTOR, CHAIRMAN
Name GORZYNSKI, MICHAEL
Address 11001 LAKELINE BLVD
SUITE 120
City-State-Zip: AUSTIN TX 78717

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I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH LOVAASAVP, COMPLIANCE
OFFICER & SECRETARY

02/09/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MA, WINNIE
Address	11001 LAKELINE BLVD SUITE 120
City-State-Zip:	AUSTIN TX 78717