#### 2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 846082** 

**Entity Name: CONTINENTAL GENERAL INSURANCE COMPANY** 

**FILED** Apr 24, 2023 **Secretary of State** 9606552561CC

## **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:

Electronic Signature of 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:

Address

Date

#### Officer/Director Detail:

SECRETARY Title Title **TREASURER** WARD, JANET Name LOVAAS, ELIZABETH A Name

11001 LAKELINE BLVD 11001 LAKELINE BLVD Address Address **SUITE 120** 

**SUITE 120** 

DIRECTOR, CHAIRMAN

City-State-Zip: AUSTIN TX 78717 City-State-Zip: AUSTIN TX 78717

Title **CHIEF ACTUARY** Title PRESIDENT, CEO Name PYLE, THOMAS Name RAMSEY, DAVID D.

11001 LAKELINE BLVD 11001 LAKELINE BLVD Address Address

SUITE 120 SUITE 120

City-State-Zip: AUSTIN TX 78717 City-State-Zip: AUSTIN TX 78717

Title SVP AND CHIEF OPERATING Title DIRECTOR

> OFFICER Name SAENZ, JOSE DANIEL

Name BEST, FABIOLA Address 11001 LAKELINE BLVD

11001 LAKELINE BLVD **SUITE 120 SUITE 120** 

City-State-Zip: AUSTIN TX 78717

City-State-Zip: AUSTIN TX 78717

Title **DIRECTOR** Name GORZYNSKI, MICHAEL

Name GISSER, VICTOR MICHAEL 11001 LAKELINE BLVD Address Address

11001 LAKELINE BLVD SUITE 120

**SUITE 120** City-State-Zip: AUSTIN TX 78717 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.

Title

SIGNATURE: ELIZABETH LOVAAS COMPLIANCE OFFICER 04/24/2023 AND SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR

Name HICKEY, LIESL GILLESPIE

11001 LAKELINE BLVD SUITE 120 Address

City-State-Zip: AUSTIN TX 78717