

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04889

Entity Name: GENERAL SECURITY NATIONAL INSURANCE COMPANY**Current Principal Place of Business:**199 WATER STREET
SUITE 2100
NEW YORK, NY 10038**Current Mailing Address:**199 WATER STREET
SUITE 2100
NEW YORK, NY 10038**FEI Number:** 13-3029255**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 DIRECTOR
Name KOCIANCIC, MARK
Address 199 WATER STREET
City-State-Zip: NEW YORK NY 10038

Title SECRETARY
Name HILARY VERNE, MAXINE
Address 199 WATER STREET
City-State-Zip: NEW YORK NY 10038

Title CHAIRMAN
Name CONOSCENTE, JEAN-PAUL
Address 199 WATER ST 21 FL
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name WOLFF, EDWARD NATHAN
Address 199 WATER STREET
SUITE 2100
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name KLECAN, HENRY JR.
Address 199 WATER ST.
City-State-Zip: NEW YORK NY 10038

Title SVPT
Name CHRISTOFF, PAUL M
Address 199 WATER STREET
SUITE 2100
City-State-Zip: NEW YORK NY 10038

Title SVP
Name RIZACOS, PETER
Address 199 WATER STREET
SUITE 2100
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name DESNER, STEPHEN ZANE
Address 199 WATER STREET
SUITE 2100
City-State-Zip: NEW YORK NY 10038

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: MAXINE HILARY VERNE**CORPORATE
SECRETARY****04/30/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date