## 2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04889

Entity Name: GENERAL SECURITY NATIONAL INSURANCE COMPANY

**FILED** Apr 24, 2024 Secretary of State 1490433755CC

## **Current Principal Place of Business:**

28 LIBERTY STREET **SUITE 5400** 

NEW YORK, NY 10005

## **Current Mailing Address:**

28 LIBERTY STREET **SUITE 5400** NEW YORK, NY 10005 US

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:

Address

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **DIRECTOR** Title **SECRETARY** 

BISHOP, MATTHEW TRAVIS Name Name HARDEN, CHRISTOPHER MICHAEL

Address 28 LIBERTY STREET Address 28 LIBERTY STREET

**SUITE 5400** 

NEW YORK NY 10005 NEW YORK NY 10005 City-State-Zip: City-State-Zip:

Title DIRECTOR, PRESIDENT & CEO Title **DIRECTOR** 

WOLFF, EDWARD NATHAN BERG, NICOLAS GERARD MICHEL Name Name

**JEAN** 

**SUITE 5400** 

28 LIBERTY STREET Address 28 LIBERTY STREET Address **SUITE 5400** 

**SUITE 5400** NEW YORK NY 10005 City-State-Zip:

City-State-Zip: NEW YORK NY 10005

Title **DIRECTOR** Title DIRECTOR (CHAIRMAN) GOLZ, ROSALIE Name

Name CONOSCENTE, JEAN-PAUL 28 LIBERTY STREET Address

28 LIBERTY STREET **SUITE 5400** 

**SUITE 5400** 

NEW YORK NY 10005 City-State-Zip: NEW YORK NY 10005 City-State-Zip:

Title **DIRECTOR** Title DIRECTOR

UFFER, FABIAN Name Name DE VARENNE, FRANCOIS 28 LIBERTY STREET Address

Address 28 LIBERTY STREET **SUITE 5400** 

**SUITE 5400** 

City-State-Zip: NEW YORK NY 10005 City-State-Zip: NEW YORK NY 10005

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.

04/24/2024 SIGNATURE: CHRISTOPHER HARDEN SECRETARY