

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 810637

1. Entity Name  
 General Fidelity Life Insurance Company

Principal Place of Business Mailing Address  
 NC1-021-02-20 401 N TRYON ST CHARLOTTE NC 28255  
 NC1-021-02-20 401 N TRYON ST CHARLOTTE NC 28255

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State

Zip Country Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CT CORPORATION SYSTEM  
 1200 S PINE ISLAND RD  
 PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE  
**REINSTATEMENT** 82-01  
 4. FEI Number 95.3670351 Applied For Not Applicable

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW WITH FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 May Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Robert R. Morlan NC1-021-02-20 401 N TRYON ST CHARLOTTE NC 28255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP GREG S. MROZ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Edward J. Stark
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER J. Keith Pallerin
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Robert R. Morlan
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Dean A. Purvis

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300004563723 -08/30/01--01031--016 ***2562.50 ***2562.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300004563723 -08/30/01--01031--017 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Greg S Mroz GREG S. MROZ, SVP: 704-386-5591. 4- -01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

01 AUG 14 PM 1:35

01 CR2684 (1/00)