FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 21 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01626 (1)

1. Corporation Name

GERLING GLOBAL LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
480 UNIVERSITY AVENUE TOTONTO ON M5G 1-6 US	480 UNIVERSITY AVENUE TOTONTO ON M5G 1-6 US

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: 04/16/1984
3a. Date of Last Report: 03/14/1994

2. Principal Place of Business	2a. Mailing Address
21 480 University Avenue	26 480 University Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Toronto, Ontario	City & State 28 Toronto, Ontario
Zip / County 24 M5G 1V6 / 25 Canada	Zip / County 29 M5G 1V6 / 30 Canada

4. FEI Number: 95-3549246 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has legally no taxable tax under S. 199.032, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FLORIDA INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	GRAY, J D	12 NAME	
STREET ADDRESS	179A DE GRASSI ST	13 STREET ADDRESS	
CITY-ST-ZIP	TORONTO ON	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	RAMSEY, WILLARD ALAN	22 NAME	
STREET ADDRESS	45 BURDEN CRESCENT	23 STREET ADDRESS	
CITY-ST-ZIP	AJAX, ONTARIO	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	SCHAEFER, PETER LUDWIG	32 NAME	
STREET ADDRESS	R.R. 2	33 STREET ADDRESS	
CITY-ST-ZIP	STOUFFVILLE, ONT.	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	CARROLL, PHILIP	42 NAME	
STREET ADDRESS	55 LIVING STONE RD,#1207	43 STREET ADDRESS	
CITY-ST-ZIP	WEST HILL, ONTARIO	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	NOBLE, EDWARD JOHN GOULD	52 NAME	
STREET ADDRESS	139 IMPERIAL STREET	53 STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ONTARIO	54 CITY-ST-ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	SHOSTACK, B F	62 NAME	
STREET ADDRESS	67 CLARINDA DR	63 STREET ADDRESS	
CITY-ST-ZIP	WILLOWDALE ON	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ April 6, 1995 (416) 598-4677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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