FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # P01626

1. Corporation Name
GERLING GLOBAL LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
480 University Avenue Toronto, Ontario M5G 1V6 Canada	480 University Avenue Toronto, Ontario M5G 1V6 Canada

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1984

2. Principal Place of Business	2a. Mailing Address
21 480 University Avenue	26 480 University Avenue
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Toronto, Ontario	28 Toronto, Ontario
24 Zip M5G 1V6 / 25 Country Canada	29 Zip M5G 1V6 / 30 Country 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Florida Insurance Commissioner
The Capitol
Tallahassee FL 32301

10. Name and Address of New Registered Agent

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 Section 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	Eymer, Uwe		12 NAME		
STREET ADDRESS	Fichtestr. 8		13 STREET ADDRESS		
CITY-ST-ZIP	Cologne, Germany		14 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	Evans, Thomas Leo		22 NAME		
STREET ADDRESS	355 Primrose Place		23 STREET ADDRESS		
CITY-ST-ZIP	Burlington, Ontario		24 CITY-ST-ZIP		
TITLE	V	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	Geretto, Gaetano		32 NAME		
STREET ADDRESS	67 Eastbourne Avenue		33 STREET ADDRESS		
CITY-ST-ZIP	Toronto, Ontario		34 CITY-ST-ZIP		
TITLE	V	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	Wilkinson, Neil		42 NAME		
STREET ADDRESS	532 Durie Street		43 STREET ADDRESS		
CITY-ST-ZIP	Toronto, Ontario		44 CITY-ST-ZIP		
TITLE	S	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	Shostack, B. F.		52 NAME		
STREET ADDRESS	67 Clarinda Dr.		53 STREET ADDRESS		
CITY-ST-ZIP	Willowdale, Ontario		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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14. 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 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 added above with an address.

SIGNATURE: _____ April 24, 1998 (416) 542-1735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)