

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
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DOCUMENT # P01626

1. Corporation Name:
GERLING GLOBAL LIFE INSURANCE COMPANY

Principal Place of Business: 480 University Avenue Toronto, Ontario M5G 1V6 Canada	Mailing Address: 480 University Avenue Toronto, Ontario M5G 1V6 Canada
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2. Principal Place of Business: 21 480 University Avenue Suite, Apt. #, etc. 22 City & State 23 Toronto, Ontario Zip Country 24 M5G 1V6 25 Canada	2a. Mailing Address: 26 480 University Avenue Suite, Apt. #, etc. 27 City & State 28 Toronto, Ontario Zip Country 29 M5G 1V6 30 Canada
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/16/1984	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	85 Zip Code

11. Pursuant to the provisions of Sections 607.0542 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 _____
(Not a Registered Agent's signature required when registering)

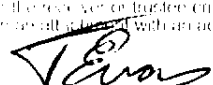
12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	Eymer, Uwe	
STREET ADDRESS	Fichtestr. 8	
CITY-ST-ZIP	Cologne, Germany	
TITLE	VP	☐ DELETE
NAME	Evans, Thomas Leo	
STREET ADDRESS	355 Primrose Place	
CITY-ST-ZIP	Burlington, Ontario	
TITLE	V	☐ DELETE
NAME	Geretto, Gaetano	
STREET ADDRESS	67 Eastbourne Avenue	
CITY-ST-ZIP	Toronto, Ontario	
TITLE	V	☐ DELETE
NAME	Wilkinson, Neil	
STREET ADDRESS	532 Durie Street	
CITY-ST-ZIP	Toronto, Ontario	
TITLE	S	☐ DELETE
NAME	Shostack, B.F.	
STREET ADDRESS	67 Clarinda Dr.	
CITY-ST-ZIP	Willowdale, Ontario	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information provided 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 (changed) or on an attached list with an address.

SIGNATURE:  **April 24, 1998** **(416) 542-1735**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)