FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 03, 2002 8:00 am Secretary of State P01626 DOCUMENT # 1. Entity Name 05-03-2002 90042 001 ***150 00 GERLING GLOBAL LIFE INSURANCE COMPANY Mailing Address Principal Place of Business **480 UNIVERSITY AVE** 480 UNIVERSITY AVE TORONTO ON M5G 1-6 TORONTO OT M5G 1-V6 CA 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 95-3549246 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Zip Fee Required 57 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 1000 FLORIDA INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL TALLAHASSEE FL 32301 Zip Code City 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. CA (NOTE: Registered Agent signature required when reinstating) SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS CR2E034 (9/01) 11. 85.3548740 Change TITLE ☐ Delete TITLE NAME WAITE, WILLIAM B. EYMER, UWE NAME 7067 WILLIS POINT ROAD, R.R. #5 STREET ADDRESS STREET ADDRESS FICHTESTR. 8 CITY-ST-ZIP VICTORIA, B.C. CITY-ST-ZIP COLOGNE ☐ Addition ☐ Change PRESIDENT & COO, DIRECTOR TITLE ☐ Delete **GERETTO, GAETANO** NAME NAME OF DA EVANS, THOMAS LEO? STREET ADDRESS **67 EASTBOURNE AVE** STREET ADDRESS 355 PRIMROSE PL TORONTO, ON M5P2G CITY-ST-ZIP CITY-ST-ZIP **BURLINGTON ON** ☐ Addition ☐ Change TITLE ☐ Delete SHOSTACK, BENNETT FRANKLIN NAME GERETTO, GAETANO NAME STREET ADDRESS 67 CLARINDA DR. 2,00 STREET ADDRESS **67 EASTBOURNE AVE** CITY-ST-ZIP WILLOWDALE, ONTARIO CITY-ST-ZIP +7 TORONTO, ONT. D FINLAYSON, IAN EDWARD 1 WHITNEY AVENUE ☐ Delete TITLE TITLE NAME WILKINSON, NEIL NAME STREET ADDRESS STREET ADDRESS 532 DURIE ST TORONTO, ONTARIO CITY-ST-ZIP CITY-ST-ZIP TORONTO ON Change ☐ Addition Delete TITLE ∉EVANS, THOMAS-LEÕ TITLE NAME NAME SHOSTACK, B F 355 PRIMROSE PL STREET ADDRESS STREET ADDRESS BURLINGTON ON. 67 CLARINDA DR CITY-ST-ZIP TORONTO, ONTARIO CITY-ST-ZIP ☐ Addition Change ☐ Delete VPCA UVVE TITLE LAU, ROBERT BYRON NAME CREBER GORDON R NAME STREET ADDRESS **18 TRIMONTIUM CRES** 700 KING ST. W. APT.: #1109.:-STREET ADDRESS CITY-ST-ZIP

13. Thereby 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 of the regelver 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.

Thomas D. Evans

April 12, 2002 (416) 542–1735

SIGNATURESTO CAPITALIO SIGNATURE AND TYPE

TORONTO ON M5V- 2V6

CITY-ST-ZIP

TORONTO, ONTARIO

Date

Daytime Phone #

Affachment DOC# POILOHE 9452350

GERLING GLOBAL LIFE INSURANCE COMPANY OFFICERS' NAME AND ADDRESS

NAME	TITLE	ADDRESS
Arokium, Leonard A.	Vice President, Client Services & Technology	1826 Post Drive Pickering, Ontario