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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:31

DOCUMENT # 184944 (7)

1. Corporation Name
GREAT ATLANTIC LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
2000 PALM BEACH LAKES BLVD., STE. 510 WEST PALM BCH FL 33409	2000 PALM BEACH LAKES BLVD., STE. 510 WEST PALM BCH FL 33409

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/02/1955
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-0755844 ☐ 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 liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
DEPT. OF INSURANCE
LARSON BLDG.
TALLAHASSEE FL 32399

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 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 _____ (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ASD	11 TITLE	☐ Change ☐ Addition
NAME	DEAN, ROGER H	12 NAME	
STREET ADDRESS	2000 PALM BCH.LKS.BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	HERRING, HERBERT F.	22 NAME	
STREET ADDRESS	2000 PALM BCH.LKS.BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	FRONRATH, GARY R	32 NAME	
STREET ADDRESS	2000 PALM BCH.LKS.BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	PARKER, JUDITH M.	42 NAME	
STREET ADDRESS	2000 PALM BEACH LKS BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	WHITLEY, ROGER H.	52 NAME	
STREET ADDRESS	2000 PALM BCH LKS BLVD	53 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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 on an attachment with an address.

SIGNATURE: _____ 1-30-95 (407) 683-0202
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0240384 CP