

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21 2090 Palm Beach Lakes Blvd.

26 2090 Palm Beach Lakes Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 200

27 200

City & State

City & State

23 West Palm Beach, FL

28 West Palm Beach, FL

Zip Country

Zip Country

24 33409

25 USA

29 33409

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
05/02/1955

3a. Date of Last Report
02/14/1995

4. FET Number

59-0756844

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

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | ASD | <input type="checkbox"/> DELETE |
| NAME | DEAN, ROGER H | |
| STREET ADDRESS | 2000 PALM BCH.LKS.BLVD. | |
| CITY- ST- ZIP | W PALM BCH FL | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | HERRING, HERBERT F. | |
| STREET ADDRESS | 2000 PALM BCH.LKS.BLVD. | |
| CITY- ST- ZIP | W PALM BCH FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | FRONRATH, GARY R | |
| STREET ADDRESS | 2000 PALM BCH.LKS.BLVD. | |
| CITY- ST- ZIP | W PALM BCH FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | PARKER, JUDITH M. | |
| STREET ADDRESS | 2000 PALM BEACH LKS BLVD | |
| CITY- ST- ZIP | W PALM BEACH FL | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | WHITLEY, ROGER H. | |
| STREET ADDRESS | 2000 PALM BCH LKS BLVD | |
| CITY- ST- ZIP | W. PALM BCH FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------------------|--|
| 1.1 TITLE | COB/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | 2090 Palm Beach Lakes Blvd., #200 | |
| 1.4 CITY- ST- ZIP | West Palm Beach, FL 33409 | |
| 2.1 TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Dean, Patricia | |
| 2.3 STREET ADDRESS | 2090 Palm Beach Lakes Blvd., #200 | |
| 2.4 CITY- ST- ZIP | West Palm Beach, FL 33409 | |
| 3.1 TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Gerstner, Robert | |
| 3.3 STREET ADDRESS | 2090 Palm Beach Lakes Blvd., #200 | |
| 3.4 CITY- ST- ZIP | West Palm Beach, FL 33409 | |
| 4.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | 2090 Palm Beach Lakes Blvd., #200 | |
| 4.4 CITY- ST- ZIP | West Palm Beach, FL 33409 | |
| 5.1 TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Parkman, Michele | |
| 5.3 STREET ADDRESS | 2090 Palm Beach Lakes Blvd., #200 | |
| 5.4 CITY- ST- ZIP | West Palm Beach, FL 33409 | |
| 6.1 TITLE | CFO/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Frye, Glen | |
| 6.3 STREET ADDRESS | 2090 Palm Beach Lakes Blvd., #200 | |
| 6.4 CITY- ST- ZIP | West Palm Beach, FL 33409 | |

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: *Michele Parkman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-96 407-683-0003
Date Daytime Phone #

CR2E034 (12/95)