

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 26 1998 8:00am
Secretary of State

DOCUMENT # 184944 (7)

1. Corporation Name

GREAT ATLANTIC LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

2080 PALM BEACH LAKES BLVD
SUITE 200
WEST PALM BCH FL 33409
US

2080 PALM BEACH LAKES BLVD
SUITE 200
WEST PALM BCH FL 33409
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1955

4. FEI 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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE COBD ☐ DELETE

NAME DEAN, ROGER H
STREET ADDRESS 2080 PALM BEACH LAKES BLVD #200
CITY-ST-ZIP WEST PALM BEACH FL

TITLE PD ☐ DELETE

NAME DEAN, PATRICIA
STREET ADDRESS 2080 PALM BEACH LAKES BLVD #200
CITY-ST-ZIP W PALM BCH FL

TITLE VD ☐ DELETE

NAME GERTSNER, ROBERT
STREET ADDRESS 2080 PALM BEACH LAKES BLVD #200
CITY-ST-ZIP W PALM BCH FL

TITLE SD ☐ DELETE

NAME PARKER, JUDITH M.
STREET ADDRESS 2000 PALM BEACH LKS BLVD
CITY-ST-ZIP W PALM BEACH FL

TITLE TD ☐ DELETE

NAME BARKMAN, MICHELE
STREET ADDRESS 2080 PALM BEACH LAKES BLVD #200
CITY-ST-ZIP W. PALM BCH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

2090 Palm Beach Lakes Blvd., #200

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CFOD
Frye, Glen
2090 Palm Beach Lakes Blvd., #200
West Palm Beach, FL 33409

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 on an attachment with an address.

SIGNATURE

Michele Barkman

Michele Barkman

1-13-98

561-683-0202

CR2E034 (10/97)