

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 809353

1. Entity Name

GENERAL AMERICAN LIFE INSURANCE COMPANY

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90265 049 ***150.00

Principal Place of Business

Mailing Address

700 MARKET STREET
P. O. BOX 396
ST LOUIS MISSOURI 63166

700 MARKET STREET
P. O. BOX 396
ST LOUIS MISSOURI 63166-0396

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

43-0285930

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32302

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LIDDY, RICHARD A.	
STREET ADDRESS	700 MARKET STREET	
CITY-ST-ZIP	ST LOUIS MISSOURI 63166	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BANSTETTER, SR. ROBERT J.	
STREET ADDRESS	700 MARKET STREET	
CITY-ST-ZIP	ST LOUIS MISSOURI 63166	
TITLE	V	<input type="checkbox"/> Delete
NAME	BARBER, JOHN W.	
STREET ADDRESS	700 MARKET STREET	
CITY-ST-ZIP	ST LOUIS MISSOURI 63166	
TITLE	T	<input type="checkbox"/> Delete
NAME	HUGHES, E. THOMAS	
STREET ADDRESS	700 MARKET STREET	
CITY-ST-ZIP	ST LOUIS MISSOURI 63166	
TITLE	AT	<input type="checkbox"/> Delete
NAME	KOEGER, JAMES W	
STREET ADDRESS	700 MARKET STREET	
CITY-ST-ZIP	ST LOUIS MO 63166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEVIN C EICHNER	
STREET ADDRESS	700 MARKET ST.	
CITY-ST-ZIP	ST LOUIS MO 63101	
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIDDY RICHARD A	
STREET ADDRESS	700 MARKET ST.	
CITY-ST-ZIP	ST LOUIS, MO 63101	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 or the receiver 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES W KOEGER

Date

Daytime Phone #

9/27/00 (314) 444-4313

CR2E034 (9/99)