

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 809353

1. Entity Name

GENERAL AMERICAN LIFE INSURANCE COMPANY

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90252 026 ***150.00

Principal Place of Business

Mailing Address

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

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

911424



DO NOT WRITE IN THIS SPACE

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
LIDDY, RICHARD A.
700 MARKET STREET
SAINT LOUIS MO 63101 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
Eichner, Kevin
700 Market Street
St Louis MO 63101 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
BANSTETTER, SR. ROBERT J.
700 MARKET STREET
ST LOUIS MISSOURI 63166 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.P.
Wolzenski, Bernard
700 Market Street
St Louis MO 63101 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BARBER, JOHN W.
700 MARKET STREET
ST LOUIS MISSOURI 63166 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.P.
Woodring, Greg A.
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
HUGHES, E. THOMAS
700 MARKET STREET
ST LOUIS MISSOURI 63166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AT
KOEGER, JAMES W
700 MARKET STREET
ST LOUIS MO 63166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
EICHNER, KEVIN C
700 MARKET ST
SAINT LOUIS MO 63101 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Liddy, Richard A.
700 Market St
St Louis MO 63101 ☐ Change ☒ Addition

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

Date

Daytime Phone #

CR2E034 (10/00)