

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 12, 2002 8:00 am
Secretary of State

08-12-2002 90010 015 ***550.00

DOCUMENT # 809353

1. Entity Name
GENERAL AMERICAN LIFE INSURANCE COMPANY

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

4100 BOY SCOUT BLVD

Suite, Apt. #, etc.

11th FL, STAT RPT UNIT

City & State

TAMPA FL

Zip

33607

Country

USA

4. FEI Number

43-0285930

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32302

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE	CEO	<input type="checkbox"/> Delete
NAME	LIDDY, RICHARD A.	
STREET ADDRESS	700 MARKET STREET	
CITY-ST-ZIP	SAINT LOUIS MO 63101	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	BANSTETTER, SR. ROBERT J.	
STREET ADDRESS	700 MARKET STREET	
CITY-ST-ZIP	ST LOUIS MISSOURI 63166	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BARBER, JOHN W.	
STREET ADDRESS	700 MARKET STREET	
CITY-ST-ZIP	ST LOUIS MISSOURI 63166	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HUGHES, E. THOMAS	
STREET ADDRESS	700 MARKET STREET	
CITY-ST-ZIP	ST LOUIS MISSOURI 63166	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	KOEGER, JAMES W	
STREET ADDRESS	700 MARKET STREET	
CITY-ST-ZIP	ST LOUIS MO 63166	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	EICHNER, KEVIN C	
STREET ADDRESS	700 MARKET ST	
CITY-ST-ZIP	SAINT LOUIS MO 63101	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT & CEO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES M. BENSON	
STREET ADDRESS	700 MARKET ST	
CITY-ST-ZIP	ST LOUIS MO 63166	
TITLE	VICE PRES, SECRETARY & GEN COUNSEL	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATTHEW P. MCCAULEY	
STREET ADDRESS	700 MARKET ST	
CITY-ST-ZIP	ST LOUIS MO 63166	
TITLE	VICE PRES, CFO & APPOINTED ACCOUNTANT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIMOTHY S. KOFFENSTEIN	
STREET ADDRESS	700 MARKET ST	
CITY-ST-ZIP	ST LOUIS MO 63166	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONY S. WILLIAMSON	
STREET ADDRESS	1 METUFE PLAZA, 2201 QUEENS PLAZA NORTH	
CITY-ST-ZIP	LONG ISLAND CITY, NY 11101	
TITLE	WILLIAM P. CAMMARATA	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASSISTANT SECRETARY	
STREET ADDRESS	4100 BOY SCOUT BLVD	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	JOSEPH MASSIMO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASSISTANT SECRETARY	
STREET ADDRESS	4100 BOY SCOUT BLVD	
CITY-ST-ZIP	TAMPA FL 33607	

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 (4/02)