

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90038 003 ***150.00

DOCUMENT # 809353

1. Entity Name
GENERAL AMERICAN LIFE INSURANCE COMPANY



Principal Place of Business
**13045 TESSON FERRY RD
B1-06
SAINT LOUIS, MO 63128**

Mailing Address
**13045 TESSON FERRY RD
B1-06
SAINT LOUIS, MO 63128**

50010048



2. Principal Place of Business

3. Mailing Address
One MetLife Plaza

Suite, Apt. #, etc.

Suite, Apt. #, etc.
27-01 Queens Plaza N.

03032006

Chg-P

CR2E034 (11/05)

City & State

City & State
Long Island City, NY

4. FEI Number
43-0285930

Applied For
Not Applicable

Zip

Country

Zip
11101

Country
USA

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

**CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
PCEO
HENRIKSON, C. ROBERT
STREET ADDRESS
ONE MADISON AVENUE
CITY-ST-ZIP
NEW YORK, NY 10010 ☒ Delete

TITLE
NAME
P, CEO, D
Lisa M. Weber
STREET ADDRESS
One MetLife Plaza, 27-01 Queens Plaza N.
CITY-ST-ZIP
Long Island City, NY 11101 ☒ Change ☐ Addition

TITLE
NAME
EVP
WOLZENSKI, BERNARD H
STREET ADDRESS
700 MARKET STREET
CITY-ST-ZIP
ST LOUIS, MO 63166 ☒ Delete

TITLE
NAME
VP
Ignazio J. Greco
STREET ADDRESS
One MetLife Plaza, 27-01 Queens Plaza N.
CITY-ST-ZIP
Long Island City, NY 11101 ☒ Change ☐ Addition

TITLE
NAME
EVP
WOODRING, A. GREIG
STREET ADDRESS
700 MARKET STREET
CITY-ST-ZIP
ST LOUIS, MO 63166 ☒ Delete

TITLE
NAME
D
Michael K. Farrell
STREET ADDRESS
10 Park Avenue
CITY-ST-ZIP
Morristown, NJ 07962 ☒ Change ☐ Addition

TITLE
NAME
CFOV
BOSSERT, JAMES P
STREET ADDRESS
4100 BOY SCOUT BLVD
CITY-ST-ZIP
TAMPA, FL 33607 ☐ Delete

TITLE
NAME
CFOV
James P. Bossert
STREET ADDRESS
10 Park Avenue
CITY-ST-ZIP
Morristown, NJ 07962 ☒ Change ☐ Addition

TITLE
NAME
VT
WILLIAMSON, ANTHONY J
STREET ADDRESS
27-01 QUEENS PLAZA NORTH
CITY-ST-ZIP
LONG ISLAND CITY, NY 11101 ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
S
GAUGHAN, JAMES D
STREET ADDRESS
ONE MADISON AVENUE
CITY-ST-ZIP
NEW YORK, NY 10010 ☒ Delete

TITLE
NAME
VP, S
Daniel D. Jordan
STREET ADDRESS
501 Boylston Street
CITY-ST-ZIP
Boston, MA 02116 ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ignazio J. Greco

Ignazio J. Greco, Vice President, 3 /27/2006, 212-578-4852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #