FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 28 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **829359** **(9)**

1. Corporation Name
GERBER LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
66 CHURCH ST. WHITE PLAINS NY 10601	66 CHURCH ST. WHITE PLAINS NY 10601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/18/1973**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: **13-2611847** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
CAPITAL BLDG.
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MASIERO, RONALD	12 NAME	
STREET ADDRESS	66 CHURCH ST	13 STREET ADDRESS	
CITY-ST-ZIP	WHITE PLAINS, NY 00000	14 CITY-ST-ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	YURACKO, ELLEN	22 NAME	
STREET ADDRESS	66 CHURCH ST	23 STREET ADDRESS	
CITY-ST-ZIP	WHITE PLAINS, NY 00000	24 CITY-ST-ZIP	
TITLE	VTD	31 TITLE	☐ Change ☐ Addition
NAME	TOBIN, STEVEN	32 NAME	
STREET ADDRESS	66 CHURCH ST	33 STREET ADDRESS	
CITY-ST-ZIP	WHITE PLAINS, NY 00000	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	NAPOLEAN, LESLIE	42 NAME	
STREET ADDRESS	66 CHURCH ST	43 STREET ADDRESS	
CITY-ST-ZIP	WHITE PLAINS, NY 00000	44 CITY-ST-ZIP	
TITLE	CD	51 TITLE	☐ Change ☐ Addition
NAME	SCHOMER, FRED	52 NAME	
STREET ADDRESS	445 STATE STREET	53 STREET ADDRESS	
CITY-ST-ZIP	FREMONT MI	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Leslie Ann Napoleon 4/21/95 (914) 761-4404
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #
Leslie Ann Napoleon, Vice President

0464378 PM