FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 07, 1999 8:00 am Secretary of State

05-07-1999 90144 034 ***150.00

DOCUMENT # 829359 1. Corporation Name

GERBER LIFE INSURANCE COMPANY

Principal Place	e of Business	Mailing Address	,		T 108491 Julio cidio idino filot dilitti idii oloni o	ither mitte brack mi	IBIO BABIA KOBI
66 CHURCH ST. 66 CHURCH ST.							
WHITE PLAINS NY 10601 WHITE PLAINS NY 10601				DO NOT MISITE IN THE	CDACE		
					DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE	
					01/18/1973		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
2. Principal Place of Business 2a. Mailing Address 2b. 2a. Mailing Address 2c.		— ·			13-2611847	— — · · ·	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 A		
22		27		5. Certificate of Status Desired	Fee Red	quired	
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	
Zip	Country Zip		Count	try	8. This corporation owes the current year In		N/Q_
24	25	25 29 30			Personal Property Tax.		□No
	9. Name and Address of Currer	t Registered Agent	-	Name	10. Name and Address of New Registered	Agent	
STA	TE INSURANCE COMMISSIONER	}		1 Name			
CAPITAL BLDG.		8	Street Add	ress (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32304			33				
1712	34 11.00 12 1 2 0 2 0 1		Ľ				
			8	City	FI	85 Zip C	ode
11 Dureuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statute	s. the abo	ve-named cor	poration submits this statement for the purpose of	changing its	registered
office or r	egistered agent, or both, in the State	of Florida. Such change was at	utnorizea t	by the corporat	ion's board of directors. I hereby accept the appoint	intment as rec	jistered
_	m familiar with, and accept the obliga	tions of, Section 607.0505, Flor	iua Statuti	55.			
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered A	gent signature requir	ed when reinstating) DATE		
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AF		RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	E			
NAME	MASIERO, RONALD					Change	☐ Addition
STREET ADDRESS	66 CHURCH ST		1.2 NAM	E		Change	☐ Addition
	•		1	E EET ADDRESS		Change	☐ Addition
CITY-ST-ZIP	WHITE PLAINS, NY 00000		1.3 STRE 1.4 CITY	EET ADORESS - ST- ZIP			
CITY-ST-ZIP TITLE	WHITE PLAINS, NY 00000 VSD	☐ DELETE	1.3 STRE 1.4 CITY 2.1 TITUS	EET ADDRESS - ST- ZIP		☐ Change	☐ Addition
	WHITE PLAINS, NY 00000 VSD YURACKO, ELLEN	☐ DELETE	1.3 STRE 1.4 CITY 2.1 TITU 2.2 NAM	EET ADORESS -ST-ZIP E			
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14. 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 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

4/23/99 (914)761-4404

Addition

Change