2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State
08-31-2001 90114 014 ***550.00

0132248 AT

DOCUMENT # 829359

1. Entity 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

2. Principal Place of Business	3. Mailing Address
1311 Mamaroneck Ave	1311 Mamaroneck Ave
Suite, Apt. #, etc.: Suite 350	Suite, Apt. #, etc.: Suite 350
City & State: White Plains, NY	City & State: White Plains, NY
Zip: 10609 Country: Westchester	Zip: 10609 Country: Westchester

4. FEI Number 13-2611847 ☐ Applied For ☐ Not Applicable

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
STATE INSURANCE COMMISSIONER CAPITAL BLDG. TALLAHASSEE FL 32304	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 12, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MASIERO, RONALD 66 CHURCH ST WHITE PLAINS, NY 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Masiero, Ronald 1311 Mamaroneck Avenue White Plains, NY 10609	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD YURACKO, ELLEN 66 CHURCH ST WHITE PLAINS, NY 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD Yuracko, Ellen 1311 Mamaroneck Avenue White Plains, NY 10609	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD TOBIN, STEVEN 66 CHURCH ST WHITE PLAINS, NY 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD Tobin, Steven 1311 Mamaroneck Avenue White Plains, NY 10609	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V NAPOLEAN, LESLIE 66 CHURCH ST WHITE PLAINS, NY 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Napoleon, Leslie 1311 Mamaroneck Avenue White Plains, NY 10609	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/01)

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: Leslie Ann Napoleon ED 8/20/01 914-272-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #