

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM  
Secretary of State

DOCUMENT # 829359

1. Entity Name  
GERBER LIFE INSURANCE COMPANY



Principal Place of Business  
1311 MAMARONECK AVE  
SUITE 350  
WHITE PLAINS, NY 10605

Mailing Address  
1311 MAMARONECK AVE  
SUITE 350  
WHITE PLAINS, NY 10605



04252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEE Number  
13-261847

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000

**DO NOT WRITE  
IN THIS SPACE**

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

TITLE P  
NAME PROTHEROE, WESLEY  
STREET ADDRESS 1311 MAMARONECK AVENUE  
CITY-ST-ZIP WHITE PLAINS, NY 10609

TITLE S  
NAME GINTER, ROSEMARY  
STREET ADDRESS 1311 MAMARONECK AVENUE  
CITY-ST-ZIP WHITE PLAINS, NY 10605

TITLE CFO  
NAME O'REILLY, KEITH  
STREET ADDRESS 1311 MAMARONECK AVENUE  
CITY-ST-ZIP WHITE PLAINS, NY 10605

TITLE V  
NAME NAPOLEON, LESLIE  
STREET ADDRESS 1311 MAMARONECK AVENUE  
CITY-ST-ZIP WHITE PLAINS, NY 10605

TITLE VP  
NAME LODIEWICK, ROBERT  
STREET ADDRESS 1311 MAMARONECK AVENUE  
CITY-ST-ZIP WHITE PLAINS, NY 10605

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000556335  
05/17/06-80005-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Lodewick

Date

Daytime Phone #

4/25/06 914-272-4000