2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008
Secretary of State

DOCUMENT# 829359

Entity Name: GERBER LIFE INSURANCE COMPANY

Current Principal Place of Business:

1311 MAMARONECK AVE
SUITE 350
WHITE PLAINS, NY 10605

New Principal Place of Business:

Current Mailing Address:

1311 MAMARONECK AVE
SUITE 350
WHITE PLAINS, NY 10605

New Mailing Address:

FEI Number: 13-2611847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	PROTHEROE, WESLEY	
Address:	1311 MAMARONECK AVENUE	
City-St-Zip:	WHITE PLAINS, NY 10605	
Title:	S	( ) Delete
Name:	LODEWICK, ROBERT	
Address:	1311 MAMARONECK AVENUE	
City-St-Zip:	WHITE PLAINS, NY 10605	
Title:	CFO	( ) Delete
Name:	O'REILLY, KEITH	
Address:	1311 MAMARONECK AVENUE	
City-St-Zip:	WHITE PLAINS, NY 10605	
Title:	V	( ) Delete
Name:	NAPOLEON, LESLIE	
Address:	1311 MAMARONECK AVENUE	
City-St-Zip:	WHITE PLAINS, NY 10605	
Title:	VP	( ) Delete
Name:	SILBERSTEIN, WARREN	
Address:	1311 MAMARONECK AVENUE	
City-St-Zip:	WHITE PLAINS, NY 10605	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	NAPOLEON, LESLIE	
Address:	1311 MAMARONECK AVENUE	
City-St-Zip:	WHITE PLAINS, NY 10605	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH O'REILLY CFO 03/12/2008

Electronic Signature of Signing Officer or Director — Date