2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2011
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

OFFICERS AND DIRECTORS:

Title: P
Name: PROTHEROE, WESLEY
Address: 1311 MAMARONECK AVENUE
City-St-Zip: WHITE PLAINS, NY 10605

Title: S
Name: LODEWICK, ROBERT J
Address: 1311 MAMARONECK AVENUE
City-St-Zip: WHITE PLAINS, NY 10605

Title: CFO
Name: O'REILLY, KEITH
Address: 1311 MAMARONECK AVENUE
City-St-Zip: WHITE PLAINS, NY 10605

Title: VP
Name: FIER, DAVID
Address: 1311 MAMARONECK AVENUE
City-St-Zip: WHITE PLAINS, NY 10605

Title: SVP
Name: SILBERSTEIN, WARREN
Address: 1311 MAMARONECK AVENUE
City-St-Zip: WHITE PLAINS, NY 10605

I hereby 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 all other like empowered.

SIGNATURE: ROBERT J. LODEWICK S 02/07/2011

Electronic Signature of Signing Officer or Director — Date