FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 9:52

DOCUMENT # **851005** **(9)**

1. Corporation Name
GENERAL FIDELITY LIFE INSURANCE COMPANY OF CALIFORNIA

Principal Place of Business	Mailing Address
10174 OLD GROVE RD SAN DIEGO CA 92131-1649	10174 OLD GROVE RD SAN DIEGO CA 92131-1649

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/20/1981	3a. Date of Last Report: 02/08/1994
2. Principal Place of Business 21	2a. Mailing Address 26
4. FEI Number: 95-3670351	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

INSURANCE COMMISSONER STATE OF FLORIDA
CAPITAL BLDG
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Typed or Printed Name of Registered Agent and Title if Applicable) (NOTE: Registered Agent Signature Required Where Applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPS	11 TITLE	☐ Change ☐ Addition
NAME	SOROKIN, CHERYL A	12 NAME	
STREET ADDRESS	10174 OLD GROVE ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	COFFEY, ROBERT M.	22 NAME	
STREET ADDRESS	10174 OLD GROVE ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	BENCH, JOAN	32 NAME	
STREET ADDRESS	10174 OLD GROVE ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	34 CITY-ST-ZIP	
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	RAFERTY, JOSEPH P	42 NAME	
STREET ADDRESS	10174 OLD GROVE ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	44 CITY-ST-ZIP	
TITLE	VPT	51 TITLE	☐ Change ☐ Addition
NAME	AELING, JAMES L.	52 NAME	
STREET ADDRESS	10174 OLD GROVE ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	54 CITY-ST-ZIP	
TITLE	VP	61 TITLE	☐ Change ☐ Addition
NAME	BARTLING, MICHAEL A.	62 NAME	
STREET ADDRESS	10174 OLD GROVE RD	63 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	64 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Michael A. Bartling Vice President 2/13/95 (619) 530-4247
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone

0303145 CP