

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

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

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SAN DIEGO CA 92131-1649

3. Date Incorporated or Qualified <b>11/20/1981</b>	3a. Date of Last Report <b>02/22/1995</b>
4. FEI Number <b>95-3670351</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER STATE OF FLORIDA  
CAPITAL BLDG  
TALLAHASSEE FL 32301

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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

9. Principal Place of Business (Print Name and Address)

10. Registered Agent (Print Name and Address)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPS	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOROKIN, CHERYL A		1.2 NAME
STREET ADDRESS	10174 OLD GROVE ROAD		1.3 STREET ADDRESS
CITY-ST-ZIP	SAN DIEGO CA		1.4 CITY-ST-ZIP
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFEY, ROBERT M.		2.2 NAME
STREET ADDRESS	10174 OLD GROVE ROAD		2.3 STREET ADDRESS
CITY-ST-ZIP	SAN DIEGO CA		2.4 CITY-ST-ZIP
TITLE	VP	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENCH, JOAN		3.2 NAME
STREET ADDRESS	10174 OLD GROVE ROAD		3.3 STREET ADDRESS
CITY-ST-ZIP	SAN DIEGO CA		3.4 CITY-ST-ZIP
TITLE	P	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFERTY, JOSEPH P		4.2 NAME
STREET ADDRESS	10174 OLD GROVE ROAD		4.3 STREET ADDRESS
CITY-ST-ZIP	SAN DIEGO CA		4.4 CITY-ST-ZIP
TITLE	VPT	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AEILING, JAMES L.		5.2 NAME
STREET ADDRESS	10174 OLD GROVE ROAD		5.3 STREET ADDRESS
CITY-ST-ZIP	SAN DIEGO CA		5.4 CITY-ST-ZIP
TITLE	VP	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLING, MICHAEL A.		6.2 NAME
STREET ADDRESS	10174 OLD GROVE RD		6.3 STREET ADDRESS
CITY-ST-ZIP	SAN DIEGO CA		6.4 CITY-ST-ZIP

14. I do 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)(k), 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, changed, or on an attachment with an address.

SIGNATURE: **Michael A. Bartling**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96 66(19) 530-4247  
DATE DAYTIME PHONE

CR2E034 (12/95)