

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **851005** (9)
1. Corporation Name
**GENERAL FIDELITY LIFE INSURANCE COMPANY OF CALIF
ORNIA**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	450 "B" Street	26	450 "B" Street	11/20/1981	02/07/1996
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number	Applied For
22 Suite 1900		27 Suite 1900		95-3670351	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 San Diego, CA		28 San Diego, CA		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 92101	25 USA	29 92101	30 USA		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
INSURANCE COMMISSONER STATE OF FLORIDA CAPITAL BLDG TALLAHASSEE FL 32301		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPS <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOROKIN, CHERYL A	1.2 NAME	
STREET ADDRESS	10174 OLD GROVE ROAD	1.3 STREET ADDRESS	450 "B" Street, Suite 1900
CITY - ST - ZIP	SAN DIEGO CA	1.4 CITY - ST - ZIP	San Diego, CA 92101
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFEY, ROBERT M.	2.2 NAME	
STREET ADDRESS	10174 OLD GROVE ROAD	2.3 STREET ADDRESS	Same as above
CITY - ST - ZIP	SAN DIEGO CA	2.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENCH, JOAN	3.2 NAME	
STREET ADDRESS	10174 OLD GROVE ROAD	3.3 STREET ADDRESS	Same as above
CITY - ST - ZIP	SAN DIEGO CA	3.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFERTY, JOSEPH P	4.2 NAME	
STREET ADDRESS	10174 OLD GROVE ROAD	4.3 STREET ADDRESS	Same as above
CITY - ST - ZIP	SAN DIEGO CA	4.4 CITY - ST - ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AEING, JAMES L.	5.2 NAME	
STREET ADDRESS	10174 OLD GROVE ROAD	5.3 STREET ADDRESS	Same as above
CITY - ST - ZIP	SAN DIEGO CA	5.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLING, MICHAEL A.	6.2 NAME	
STREET ADDRESS	10174 OLD GROVE RD	6.3 STREET ADDRESS	Same as above*
CITY - ST - ZIP	SAN DIEGO CA	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/97

Date

619-515-1365

Daytime Phone #

CR2E034 (9/96)