

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
--	---	---

DOCUMENT # 851005 (9)
1. Corporation Name
GENERAL FIDELITY LIFE INSURANCE COMPANY OF CALIF ORNIA



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

3. Date Incorporated or Qualified 11/20/1981	3a. Date of Last Report 02/07/1996
4. FEI Number 95-3670351	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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 21 450 "B" Street	2a. Mailing Address 26 450 "B" Street
Suite, Apt #, etc. 22 Suite 1900	Suite, Apt #, etc. 27 Suite 1900
City & State 23 San Diego, CA	City & State 28 San Diego, CA
Zip 24 92101	Country 25 USA
Zip 29 92101	Country 30 USA

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
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

TITLE	VPS <input type="checkbox"/> DELETE
NAME	SOROKIN, CHERYL A
STREET ADDRESS	10174 OLD GROVE ROAD
CITY - ST - ZIP	SAN DIEGO CA
TITLE	VP <input type="checkbox"/> DELETE
NAME	COFFEY, ROBERT M.
STREET ADDRESS	10174 OLD GROVE ROAD
CITY - ST - ZIP	SAN DIEGO CA
TITLE	VP <input type="checkbox"/> DELETE
NAME	BENCH, JOAN
STREET ADDRESS	10174 OLD GROVE ROAD
CITY - ST - ZIP	SAN DIEGO CA
TITLE	P <input type="checkbox"/> DELETE
NAME	RAFERTY, JOSEPH P
STREET ADDRESS	10174 OLD GROVE ROAD
CITY - ST - ZIP	SAN DIEGO CA
TITLE	VPT <input type="checkbox"/> DELETE
NAME	AELING, JAMES L.
STREET ADDRESS	10174 OLD GROVE ROAD
CITY - ST - ZIP	SAN DIEGO CA
TITLE	VP <input type="checkbox"/> DELETE
NAME	BARTLING, MICHAEL A.
STREET ADDRESS	10174 OLD GROVE RD
CITY - ST - ZIP	SAN DIEGO CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	450 "B" Street, Suite 1900
1.4 CITY - ST - ZIP	San Diego, CA 92101
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	Same as above
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Same as above
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	Same as above
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	Same as above
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	Same as above*
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** *Michael A. Bartling* 11/13/97 619-515-1365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)