


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

FILED  
Jan 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				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 450 B ST STE 1900 SAN DIEGO CA 92101 US			Mailing Address 450 B ST STE 1900 SAN DIEGO CA 92101 US		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/20/1981	
4. FEI Number 95-3670351		Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

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

14. I 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

01/08/1997 (419)515-1365

CR2E034 (10/97)