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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

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DOCUMENT # 851005

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

3. Date Incorporated or Qualified

11/20/1981

4. FEI Number

95-3670351

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPS ☐ DELETE

NAME SOROKIN, CHERYL A  
STREET ADDRESS 450 B ST, STE 1900  
CITY-ST-ZIP SAN DIEGO CA

TITLE VP ☐ DELETE

NAME COFFEY, ROBERT M.  
STREET ADDRESS 450 B ST, STE 1900  
CITY-ST-ZIP SAN DIEGO CA

TITLE VP ☐ DELETE

NAME BENCH, JOAN  
STREET ADDRESS 450 B ST, STE 1900  
CITY-ST-ZIP SAN DIEGO CA

TITLE P ☐ DELETE

NAME RAFERTY, JOSEPH P  
STREET ADDRESS 450 B ST, STE 1900  
CITY-ST-ZIP SAN DIEGO CA

TITLE VPT ☐ DELETE

NAME AELING, JAMES L.  
STREET ADDRESS 450 B ST, STE 1900  
CITY-ST-ZIP SAN DIEGO CA

TITLE VP ☐ DELETE

NAME BARTLING, MICHAEL A.  
STREET ADDRESS 450 B ST, STE 1900  
CITY-ST-ZIP SAN DIEGO CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☒ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

Morlan, Robert R.

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, with all other like empowered.

SIGNATURE:

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

1/25/99 619-515-1365  
Date Daytime Phone #

CR2E034 (1/198)