2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # 851005** Feb 04, 2000 8:00 am 1. Entity Name Secretary of State GENERAL FIDELITY LIFE INSURANCE COMPANY OF CALIF 02-04-2000 90024 048 ***150.00 Principal Place of Business Mailing Address 450 B ST 450 B ST STE 1900 STE 1900 SAN DIEGO CA 92101 SAN DIEGO CA 92101-8005 3. Mailing Address 2. Principal Place of Business 450 B Street 450 B Street Suite, Apt. #, etc. Suite 800 Suite, Apt. #, etc. Suite 800 DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 95-3670351 San Diego, California San Diego, California Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 92101 USA 92101 USA .7. Name and Address of New Registered Agent *6. Name and Address of Current Registered Agent Name INSURANCE COMMISSONER STATE OF FLORIDA Street Address (P.O. Box Number is Not Acceptable) CAPITAL BLDG TALLAHASSEE FL 32301 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition **VPS** SVP Secretary Delete **KX** Change TITLE TITLE SOROKIN, CHERYL A NAME NAME Edward Joseph Stark STREET ADDRESS STREET ADDRESS 450 B ST, STE 1900 450 B Street, Suite 800 CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA San Diego, California 92101 Change ☐ Addition TITLE ☐ Delete TITLE COFFEY, ROBERT M. NAME NAME STREET ADDRESS STREET ADDRESS 450 B ST, STE 1900 CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA ₹ Delete ☐ Change ☐ Addition TITLE TITLE BENCH, JOAN NAME NAME STREET ADDRESS STREET ADDRESS 450 B ST, STE 1900 CITY-ST-ZIP CITY-ST-7IP SAN DIEGO CA ☐ Delete ☐ Change ☐ Addition TITLE TITLE MORLAN, ROBERT R NAME NAME STREET ADDRESS STREET ADDRESS 450 B ST, STE 1900 CITY-ST-ZIP CITY-ST-7IP SAN DIEGO CA ☐ Addition ☐ Change Delete TITLE **VPT** TITLE AELING, JAMES L NAME Jon Keith Pellerin STREET ADDRESS STREET ADDRESS 450 B ST, STE 1900 450 B Street, Suite 800 CITY-ST-7IP CITY-ST-ZIP SAN DIEGO CA San Diego, California 92101 **₹**≯ Delete ☐ Change ☐ Addition VΡ TITLE NAME BARTLING, MICHAEL A. NAME

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

450, B ST, STE 1900

SAN DIEGO CA

STREET ADDRESS

CITY-ST-ZIP

IGNATURE AND TYPED ON PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

Financial Consultant 1/5/2000

Daytime Phone #

CR2E034 (9/