

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # 851005**1. Entity Name
GENERAL FIDELITY LIFE INSURANCE COMPANY OF CALIFORNIA

Principal Place of Business	Mailing Address
450 B ST SUITE 800 SAN DIEGO 92101 US	450 B ST SUITE 800 SAN DIEGO 92101 US

2. Principal Place of Business
401 N TRYON ST3. Mailing Address
401 N TRYON STSuite, Apt. #, etc.
NC1-021-02-20Suite, Apt. #, etc.
NC1-021-02-20City & State
CHARLOTTE NCCity & State
CHARLOTTE NCZip
28255Country
USZip
28255Country
US4. FEI Number
95-3670351Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentINSURANCE COMMISSIONER STATE OF FLORIDA
CAPITAL BLDG

TALLAHASSEE FL
32301**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 _____ **05/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURVIS DEAN A 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T PELLERIN J KEITH 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC STARK EDWARD J 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MROZ GREG S 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P MORLAN ROBERT R 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: GREG S MROZ**SVP****05/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)