2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 851720

1. Entity Name	GE LIFE INSURANCE	_						
Principal Place	of Business	Mailing Address						
27725 SANTA MA STE 220 MISSION VIEJO (US			P.O. BOX-31900 same as place of LAGUNA HULLE CA 92654 business					
2. Principal Place of Business		3. Mailing Address						
		27725 Santa 1	Margarita Pky.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
		Suite #220						
City & State		City & State						
		Mission Vie	jo, CA					
Zip	Country	Zip	Country					

FILED Apr 19, 2001 8:00 am Secretary of State 04-19-2001 90292 007 ***150.00

i		•	,				
Principal Pla	ce of Business	Mailing Address					
27725 SANTA MARGARITA PKWY STE 220 MISSION VIEJO CA 92691		P-O: BOX-34000 same as place of LAGUNA HILLG CA 92054 business			nanstet	J	
US) (BOYA) (BIA) BIYA) IYAY IOOYA YAYI BAYI BAYI	A BIBILALAK AJUR BIR	
Principal Place of Business 3. Mailing Address		3. Mailing Address					
D. 34 - A - 4	(1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	27725 Santa Mar	argarita Pky.				***
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite #220			DO NOT WRITE IN T	HIS SPACE	
City & Sta	te	City & State		4.	FEI Number 75-1431313		pplied For
		Mission Viejo,	CA		70 1010	N	lot Applicable
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Ad	
	6. Name and Address of Current I	92691 ====================================	USA	<u></u>	Name and Address of New Registe		7U
		<u> </u>	Name				
FLORIDA STATE INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32301			Street	Street Address (P.O. Box Number is Not Acceptable)			
MA	AIROOLL (L 3200)		City			FL Zip Cod	ie i
8. The above	named entity submits this statement for	the nurnose of changing its re	enistered office (nr renistered an		<u> </u>	
	, ,	and perpendicular strangering reserv	9.0.0.0.0.0.0.0	or vegratares ag	your, or boar, in the state of themse.	j j	
SIGNATURE						!	
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signa	ature required when re	einstating) D/	ATE	
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! F After MAY 1, 2001 Make Check Payable t		1 Fee will be \$	550.00	Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
11.	OFFICERS AND (DIRECTORS	12.	AC	L DDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11
TITLE	C	☐ Delete	TITLE			K Change	☐ Addition
NAME STREET ADDRESS	SMITH, JAMES C 1 23092 MILL-GREEK ROAD		NAME OTDEET ADDRESS	07705		, , ,	{
CITY-ST-ZIP	LAGUNA HILLA CA				25 Santa Margarita Pky., #220 sion Viejo, CA 92691		
TITLE	D	☐ Delete	TITLE	1113310	11 VIEJO, CA 92091	☐ Change	☐ Addition
NAME	VON GREMP, THOMAS	***************************************	NAME				
STREET ADDRESS CITY-ST-ZIP	27725 SANTA MARGARITA PKWY MISSION VIEJO CA 92691	#220	STREET ADDRESS CITY-ST-ZIP				
TITLE	VTD	☐ Delete	TITLE	<u> </u>		Change	☐ Addition
NAME	WHITTERS, JOSEPH E	Li belete	NAME			E change	
STREET ADDRESS	23092 MILL CREEK ROAD		STREET ADDRESS		Santa Margarita Pky	., #220	
CITY-ST-ZIP	LAGUNA HILLS CA		CITY-ST-ZIP	Mission	n Viejo, CA 92691_	<u> </u>	
TITLE NAME	KURCZ, JOTTIE A	☐ Delete	TITLE NAME	İ		☆ Change i	☐ Addition
STREET ADDRESS	23092 MILL CREEK ROAD		STREET ADDRESS	27725	Santa Margarita Pky	., #220	
CITY-ST-ZIP	LAGUNA HILLS CA		CITY-ST-ZIP		n Viejo, CA 92691	., πΖΖΟ	
TITLE	VSD MODERN EDWARD I	☐ Delete	TITLE		J	<u></u> Change	Addition
NAME STREET ADDRESS	Wristen, Edward L 23092 Mill Creek RD		NAME STREET ADDRESS	27725	Canta Marcarita Di-	#220	
CITY-ST-ZIP	LAGUNA HILLS CA		CITY-ST-ZIP		Santa Margarita Pky n Viejo,CCA 92691	., #220	
TITLE	P	☐ Delete	TITLE	1,1100101		☐ Change	☐ Addition
NAME OTDEET LEDDEGO	HANNABACH, JANE	#000	NAME				}
STREET ADDRESS CITY-ST-ZIP	27725 SANTA MARGARITA PKWY MISSION VIEJO CA 92691	#220	STREET ADDRESS CITY-ST-ZIP				
	MISSION VIEJO CA 92691	his filling days not exact to the	GIT-31-ZIP	1	140.07/0\/\\ = \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>	

I nereby 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.

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JI.	ZIV	ми	חע	

Jane Hannabach-President 4/1/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(949)380-0233

Daytime Phone #