2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 01, 2001 8:00 am Secretary of State DOCUMENT # F9300003608 1. Entity Name GENERAL LIFE INSURANCE COMPANY OF AMERICA 02-01-2001 90111 029 ***150.00 Principal Place of Business Mailing Address 95 N RESEARCH DR. 95 N RESEARCH DR. **EDWARDSVILLE IL 62025** EDWARDSVILLE IL 62025 いいひてははやか 2. Principal Place of Business 3. Mailing Address Road 13045 Tesson Ferry 17045 Tesson Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 43-1639910 Not Applicable lou Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL BLDG. TALLAHASSEE FL 32301 Zip Code City FL 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 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 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **▼**Addition Change TITLE X Delete TITLE Michael sean Ferry Rd BROWN, RODNEY NAME NAME NOZEST 95 N RESEARCH DRIVE STREET ADDRESS STREET ADDRESS EDWARDSVILLE IL 62025 CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE SHARPE, GREGGORY NAME NAME STREET ADDRESS 95 N RESEARCH DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EDWARDSVILLE IL 62025 Change ☐ Addition TITI F TITLE 🗆 Delete Jackson, Kenneth Bill NAME Tesson Ferry Rd NAME STREET ADDRESS STREET ADDRESS 95 N RESEARCH DR CITY-ST-7IP MO 63128 CITY-ST-ZIP **EDWARDSVILLE IL 62025** Addition Change TITLE Delete TITLE MCCAULEY, MATTHEW NAME NAME rket Street STREET ADDRESS 700 MARKET STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST LOUIS MO 63101 (35) (O Change **Addition** TITLE Delete TITLE HUGHES, E THOMAS NAME NAME 5501 FERRY ROOM 700 MARKET STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ST LOUIS MO 63101** Delete TITLE ☐ Change ☐ Addition TITLE WERSCHING, PATRICIA NAME NAME STREET ADDRESS 700 MARKET STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ST LOUIS MO 63101 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

SIGNING OFFICER OR DIRECTOR

Daytime Phone #

GNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE: