

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90133 004 ***150.00

DOCUMENT # F93000004450

1. Entity Name

GENERAL LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

**95 N. RESEARCH DR.
EDWARDSVILLE IL 62025**

**700 MARKET ST.
ST LOUIS MO 63101**

2. Principal Place of Business

13045 Tesson Ferry Rd.
Suite, Apt. #, etc.

3. Mailing Address

13045 Tesson Ferry Rd.
Suite, Apt. #, etc.

City & State
St Louis MO

Country

City & State
St Louis MO

Country

4. FEI Number **59-1619721**

Applied For
Not Applicable

Zip
63128

Country

Zip
63128

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COMMISSIONER OF INSURANCE
200 EAST GAINES STREET
LARSON BLDG.
TALLAHASSEE FL 32399**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CONLEY, M	
STREET ADDRESS	4803 BLUE FOUNTAIN	
CITY-ST-ZIP	GODFREY IL 62035	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BROWN, R R	
STREET ADDRESS	205 JEFFERSON RD	
CITY-ST-ZIP	WEBSTER GROVES MO 63119	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HUGHES, E T	
STREET ADDRESS	5530 LIMERICK	
CITY-ST-ZIP	ST LOUIS MO 63128	
TITLE	S	<input type="checkbox"/> Delete
NAME	HUTTON, WILLIAMS L	
STREET ADDRESS	5108 JAMIESON	
CITY-ST-ZIP	SAINT LOUIS MO 63109	
TITLE	AT	<input type="checkbox"/> Delete
NAME	WERSCHING, P	
STREET ADDRESS	27585 STORM LK DR	
CITY-ST-ZIP	ST LOUIS MO 63129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Klopfenstein, Tim.	
STREET ADDRESS	13045 Tesson Ferry Rd	
CITY-ST-ZIP	St Louis MO 63128	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Patricia M. W...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)