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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13045 Tesson Ferry Rd. Suite, Apt. #, etc.	13045 Tesson Ferry Rd Suite, Apt. #, etc.
City & State: St Louis MO	City & State: St Louis MO
Zip: 63128 Country:	Zip: 63128 Country:

4. FEI Number 59-1619721 ☐ Applied For ☐ Not Applicable

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P CONLEY, M 4803 BLUE FOUNTAIN GODFREY IL 62035	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BROWN, R R 205 JEFFERSON RD WEBSTER GROVDES MO 63119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HUGHES, E T 5530 LIMERICK ST LOUIS MO 63128	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Klopfenstein, Tim. 13045 Tesson Ferry Rd St Louis MO 63128	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HUTTON, WILLIAMS L 5108 JAMIESON SAINT LOUIS MO 63109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT WERSCHING, P 27585 STORM LK DR ST LOUIS MO 63129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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 Werschy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #