

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90072 022 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06132

1. Corporation Name
GERLING GLOBAL LIFE REINSURANCE COMPANY

Principal Place of Business
480 UNIVERSITY AVENUE
TORONTO, ONTARIO M5G 1V6
US

Mailing Address
480 UNIVERSITY AVENUE
TORONTO, ONTARIO M5G 1V6 CA
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1985

4. FEI Number

62-1003368

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME EYMER, UWE
STREET ADDRESS FICHTSTR 8
CITY-ST-ZIP COLOGNE 50 GE GERMA

TITLE V ☐ DELETE

NAME GERETTO, GAETANO
STREET ADDRESS 67 EASTBOURNE AVE
CITY-ST-ZIP TORONTO ON M5P2G

TITLE ~~V~~ ☒ DELETE

NAME RAMSEY, WILLARD ALAN
STREET ADDRESS 45 BURDEN CRESCENT
CITY-ST-ZIP AJAX, ONTARIO

TITLE S ☐ DELETE

NAME SHOSTACK, BENNETT F
STREET ADDRESS 67 CLARINDA DR.
CITY-ST-ZIP WILLOWDALE, ONTARIO

TITLE VT ☐ DELETE

NAME EVANS, THOMAS LEO
STREET ADDRESS 355 PRIMROSE PLACE
CITY-ST-ZIP BURLINGTON, ONTARIO

TITLE V ☐ DELETE

NAME WILKINSON, NEIL
STREET ADDRESS 532 DURIE STREET
CITY-ST-ZIP TORONTO, ONTARIO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Gordon Richard Creber
3.3 STREET ADDRESS 244-2075 Walkers Line
3.4 CITY-ST-ZIP Burlington, Ontario

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 23, 1999

Date

(416) 542-1735

Daytime Phone #

0000422

CR25034-111/08