

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P06132**

1. Entity Name

GERLING GLOBAL LIFE REINSURANCE COMPANY**FILED**
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90026 038 ***150.00

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	62-1003368	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION FL 33324

7. Name and Address of New Registered Agent
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) DATE9. 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE	P
NAME	EYMER, UWE
STREET ADDRESS	FICHTESTR 8
CITY-ST-ZIP	COLOGNE 50 GE GERMA
TITLE	V
NAME	GERETTO, GAETANO
STREET ADDRESS	67 EASTBOURNE AVE
CITY-ST-ZIP	TORONTO ON M5P2G
TITLE	V
NAME	CREBER, GORDON R
STREET ADDRESS	244-2075 WALKERS LINE
CITY-ST-ZIP	BURLINGTON ON
TITLE	S
NAME	SHOSTACK, BENNETT F
STREET ADDRESS	67 CLARINDA DR.
CITY-ST-ZIP	WILLOWDALE, ONTARIO
TITLE	VT
NAME	EVANS, THOMAS LEO
STREET ADDRESS	355 PRIMROSE PLACE
CITY-ST-ZIP	BURLINGTON, ONTARIO
TITLE	V
NAME	WILKINSON, NEIL
STREET ADDRESS	532 DURIE STREET
CITY-ST-ZIP	TORONTO, ONTARIO

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DIRECTOR
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	PRESIDENT
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 27, 2000

(416) 542-1735

Date

Daytime Phone #

CR2E034 (9/99)