

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90042 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P06132**

1. Entity Name  
**GERLING GLOBAL LIFE REINSURANCE COMPANY**

Principal Place of Business <b>480 UNIVERSITY AVENUE  TORONTO, ONTARIO M5G 1V6  US</b>	Mailing Address <b>480 UNIVERSITY AVENUE  TORONTO, ONTARIO M5G 1V6 CA  US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P EYMER, UWE FICHTESTR 8 COLOGNE 50 GE GERMA.</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V GERETTO, GAETANO 67 EASTBOURNE AVE TORONTO ON M5P2G</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V CREBER, GORDON R 700 KING ST. WEST, APT. 1109 TORONTO, ONTARIO M5V- 2Y6</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SHOSTACK, BENNETT F 67 CLARINDA DR. WILLOWDALE, ONTARIO</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT EVANS, THOMAS LEO 355 PRIMROSE PLACE BURLINGTON, ONTARIO</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V WILKINSON, NEIL 532 DURIE STREET TORONTO, ONTARIO</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D EYMER, UWE FICHTESTR. 8 COLOGNE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT &amp; COO, DIRECTOR GERETTO, GAETANO 67 EASTBOURNE AVE TORONTO, ON M5P2G</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SHOSTACK, BENNETT FRANKLIN 67 CLARINDA DR. WILLOWDALE, ONTARIO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S EVANS, THOMAS LEO 355 PRIMROSE PL. BURLINGTON ON</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STROHSCHEN, FRANZ ERICH NORBERT SCHLEHECKERSTRASSE 118 D-51503 ROSRATH, GERMANY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V LAU, ROBERT BYRON 18 TRIMONTIUM CRES TORONTO, ONTARIO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 or other like empowered.

**SIGNATURE:** **Thomas L. Evans** **April 12, 2002** **(416) 542-1735**

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

CR2E034 (9/01)

Attachment  
DOL# P06132

952349

**GERLING GLOBAL  
LIFE REINSURANCE COMPANY  
OFFICERS' NAME AND ADDRESS**

NAME	TITLE	ADDRESS
Arokium, Leonard A.	Vice President, Client Services & Technology	1826 Post Drive Pickering, Ontario