2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90152 045 ***150.00

DOCUMENT # P06132

1. Entity Name
GERLING GLOBAL LIFE REINSURANCE COMPANY

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

☐ CHECK HERE IF MAKING CHANGES

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 62-1003368 ☐ 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
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION FL 33324	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EYMER, UWE FICHTESTR 8 COLOGNE 50 GE GERMA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition PRESIDENT & CEO, DIRECTOR GERETTO, GAETANO 67 EASTBOURNE AVE TORONTO, ONTARIO M5K2G2
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCOD GERETTO, GAETANO 67 EASTBOURNE AVE TORONTO ON M5P2G	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition V LAU, ROBERT BYRON 18 TRIMONTIUM CRES TORONTO, ONTARIO
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CREBER, GORDON R 700 KING ST. WEST, APT. 1109 TORONTO, ONTARIO M5V- 2Y6	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition VP, FINANCE & SECRETARY-TREASURER EVANS, THOMAS LEO 37 WILLINGDON BLVD. ETOBICOKE, ONTARIO M8X 2H3
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHOSTACK, BENNETT F 67 CLARINDA DR. WILLOWDALE, ONTARIO	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition V AROKIUM, LEONARD ANDREW 1526 NAPANEE ROAD PICKERING, ONTARIO L1V 6T7
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S EVANS, THOMAS LEO 355 PRIMROSE PLACE BURLINGTON, ONTARIO	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition D MILLER, KLAUS WILHELM HELENE-WEBER-ALLE 18 D-80637 MUNICH, GERMANY
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WILKINSON, NEIL 532 DURIE STREET TORONTO, ONTARIO	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED April 10, 2003 (416) 542-1735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)