2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2013
Secretary of State
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Entity Name: GERBER LIFE INSURANCE COMPANY

Current Principal Place of Business:

1311 MAMARONECK AVE
SUITE 350
WHITE PLAINS, NY 10605

Current Mailing Address:

1311 MAMARONECK AVE
SUITE 350
WHITE PLAINS, NY 10605

FEI Number: 13-2611847

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	O'REILLY, KEITH M
Address	1311 MAMARONECK AVE SUITE 350
City-State-Zip:	WHITE PLAINS NY 10605

Title	CFO
Name	THOMPSON, CRAIG O
Address	1311 MAMARONECK AVE SUITE 350
City-State-Zip:	WHITE PLAINS NY 10605

Title	SVP
Name	SILBERSTEIN, WARREN
Address	1311 MAMARONECK AVENUE
City-State-Zip:	WHITE PLAINS NY 10605

Title	S
Name	GORDON, AYANA Z
Address	1311 MAMARONECK AVE SUITE 350
City-State-Zip:	WHITE PLAINS NY 10605

Title	VP
Name	FIER, DAVID
Address	1311 MAMARONECK AVENUE
City-State-Zip:	WHITE PLAINS NY 10605

Title	VP
Name	LODEWICK, ROBERT J
Address	1311 MAMARONECK AVE SUITE 350
City-State-Zip:	WHITE PLAINS NY 10605

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT J. LODEWICK VICE PRESIDENT 01/22/2013

Electronic Signature of Signing Officer/Director Detail — Date