2021 FOREIGN PROFIT CORPORATION REINSTATEMENT

FILED
Nov 12, 2021
Secretary of State
4801053048CR

DOCUMENT# 829359

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 US

FEI Number: 13-2611847

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL
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: CHIEF FINANCIAL OFFICER 11/12/2021

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

Title	CFO, TREASURER
Name	HOFFMAN, MICHELLE
Address	1311 MAMARONECK AVE SUITE 350
City-State-Zip:	WHITE PLAINS NY 10605

Title	DIRECTOR
Name	BUNN JR., GEORGE R.
Address	400 BROADWAY
City-State-Zip:	CINCINNATI OH 45202

Title	DIRECTOR
Name	WUEBBLING, DONALD J.
Address	400 BROADWAY
City-State-Zip:	CINCINNATI OH 45202

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

Title	DIRECTOR
Name	MACRAE III, CAMERON F.
Address	400 BROADWAY
City-State-Zip:	CINCINNATI OH 45202

Title	DIRECTOR
Name	GODRIDGE, LESLIE VILLANI
Address	APARTMENT 9A 1220 PARK AVENUE
City-State-Zip:	NEW YORK NY 10128

Title	DIRECTOR
Name	MERRILL, NEWTON P.S.
Address	400 BROADWAY
City-State-Zip:	CINCINNATI OH 45202

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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: AYANA GORDON SECRETARY 11/12/2021

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR, CHAIRMAN
Name	BARRETT, JOHN F.
Address	400 BROADWAY
City-State-Zip:	CINCINNATI OH 45202

Title	DIRECTOR
Name	BABBITT, EDWARD J.
Address	400 BROADWAY
City-State-Zip:	CINCINNATI OH 45202

Title	DIRECTOR
Name	CONDE, THOMAS E.
Address	1311 MAMARONECK AVE SUITE 350
City-State-Zip:	WHITE PLAINS NY 10605

Title	DIRECTOR
Name	MCGRUDER, JILL T.
Address	400 BROADWAY
City-State-Zip:	CINCINNATI OH 45202

Title	DIRECTOR
Name	HOFFMAN, MICHELLE
Address	1311 MAMARONECK AVE SUITE 350
City-State-Zip:	WHITE PLAINS NY 10605