

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819653

FILED  
Apr 08, 2010  
Secretary of State

Entity Name: ACE LIFE INSURANCE COMPANY

## Current Principal Place of Business:

TWO STAMFORD PLAZA, 281 TRESSER BLVD.  
SUITE 500  
STAMFORD, CT 069013264 US

## New Principal Place of Business:

## Current Mailing Address:

TWO STAMFORD PLAZA, 281 TRESSER BLV ST500  
SUITE 500  
STAMFORD, CT 069013264 US

## New Mailing Address:

436 WALNUT SREET  
PHILADELPHIA, PA 19106 US

FEI Number: 22-1771521

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C  
Name: LINDNER, ARI  
Address: 1133 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10036 US

Title: PCA  
Name: MANGINI, LEONARD C  
Address: TWO STAMFORD PLAZA, 281 TRESSER BLVD. #500  
City-St-Zip: STAMFORD, CT 06901 US

Title: VSGC  
Name: SCOTT, JACK R  
Address: 436 WALNUT ST  
City-St-Zip: PHILADELPHIA, PA 19106 US

Title: CFO  
Name: MATALON, JAY M  
Address: 1133 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10036 US

Title: AT  
Name: BUCKLEY, JOHN M  
Address: 436 WALNUT STREET  
City-St-Zip: PHILADELPHIA, PA 19106 US

Title: AV  
Name: SASLOW, ANDREW D  
Address: TWO STAMFORD PLAZA, 281 TRESSER BLVD, #500  
City-St-Zip: STAMFORD, CT 06901 US

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: JACK R. SCOTT

VSGC

04/08/2010

Electronic Signature of Signing Officer or Director

Date