

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 830579

FILED
Aug 28, 2007
Secretary of State

Entity Name: SERVUS LIFE INSURANCE COMPANY

Current Principal Place of Business:

THE CORPORATION TRUST COMPANY
CORPORATION TRUST CENTER 1209 ORANGE ST.
WILMINGTON, DE 19801 US

New Principal Place of Business:

Current Mailing Address:

20 N. MARTINGALE ROAD
SUITE 200
SCHAUMBURG, IL 60173 US

New Mailing Address:

FEI Number: 13-6150240 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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: P/D () Delete
Name: PADO, MICHAEL
Address: SEAVIEW HOUSE, 70 SEAVIEW AVENUE
City-St-Zip: STAMFORD, CT 06902 US

Title: D () Delete
Name: DOUGLAS, ROBERT WILFRED
Address: SEAVIEW HOUSE, 70 SEAVIEW AVENUE
City-St-Zip: STAMFORD, CT 06902 US

Title: DVP () Delete
Name: REIFENBERGER, WILLIAM J
Address: SEAVIEW HOUSE, 70 SEAVIEW AVENUE
City-St-Zip: STAMFORD, CT 06902 US

Title: D () Delete
Name: BATLEY, ANDREW J
Address: SEAVIEW HOUSE, 70 SEAVIEW AVENUE
City-St-Zip: STAMFORD, CT 06902 US

Title: D/GC () Delete
Name: CASTANO, DAVID G
Address: 20 N. MARTINGALE ROAD, SUITE 200
City-St-Zip: SCHAUMBURG, IL 60173 US

Title: VP () Delete
Name: RAO, JOSEPH
Address: SEAVIEW HOUSE, 70 SEAVIEW AVENUE
City-St-Zip: STAMFORD, CT 06902 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: RICHARD, LASSOW
Address: SEAVIEW HOUSE, 70 SEAVIEW AVENUE
City-St-Zip: STAMFORD, CT 06902 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID CASTANO

GC

08/28/2007

Electronic Signature of Signing Officer or Director

_____ Date