

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

05-21-2008 90018 045 \*\*\*150.00

DOCUMENT # 830579  
 1. Entity Name  
~~SEAVIEW LIFE INSURANCE COMPANY~~  
*VL RE LIFE AMERICA INC.*



Principal Place of Business Mailing Address  
 THE CORPORATION TRUST COMPANY 20 N. MARTINGALE ROAD  
 CORPORATION TRUST CENTER 1209 ORANGE ST. SUITE 200  
 WILMINGTON, DE 19801 US SCHAUMBURG, IL 60173 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
*1209 ORANGE STREET* *20 N. MARTINGALE RD*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
*SUITE 200*

City & State City & State  
*WILMINGTON, DE* *SCHAUMBURG, IL*  
*19801* Country *US* Zip *60173* Country *US*

05132008 Chg-P CR2E034 (12/06)

4. FEI Number 13-6150240  
 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008**

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 **	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D PADO, MICHAEL SEAVIEW HOUSE, 70 SEAVIEW AVENUE STAMFORD, CT 06902 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, ROBERT WILFRED SEAVIEW HOUSE, 70 SEAVIEW AVENUE STAMFORD, CT 06902 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RICHARD, LASSOW SEAVIEW HOUSE, 70 SEAVIEW AVENUE STAMFORD, CT 06902 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATLEY, ANDREW J SEAVIEW HOUSE, 70 SEAVIEW AVENUE STAMFORD, CT 06902 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/GC CASTANO, DAVID G 20 N. MARTINGALE ROAD, SUITE 200 SCHAUMBURG, IL 60173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAO, JOSEPH SEAVIEW HOUSE, 70 SEAVIEW AVENUE STAMFORD, CT 06902 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **DAVID G. CASTANO** 5/14/08 800-394-3928  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date