2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#837318

Entity Name: CENTURION LIFE INSURANCE COMPANY

FILED Apr 05, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 800 WALNUT STREET DES MOINES, IA 50309 DES MOINES, IA 50309 **Current Mailing Address: New Mailing Address:** 800 WALNUT ST DES MOINES, IA 503093636 FEI Number: 42-0813782 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition WOOD, DAVID D Name: Name: 800 WALNUT ST Address: Address: DES MOINES, IA 503093636 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: MCFARLAND, PATRICIA J Name: MCFARLAND, PATRICIA J 206 EIGHTH STREET 800 WALNUT STREET Address: Address: DES MOINES, IA DES MOINES, IA City-St-Zip: City-St-Zip: () Delete Title: TVD Title: () Change () Addition MATERA, MICHAEL J Name: Name: 800 WALNUT ST Address: Address: City-St-Zip: DES MOINES, IA 503093636 City-St-Zip: Title: VD () Delete Title: (X) Change () Addition TORKELSON, ERIC T TORKELSON, ERIC T Name: Name: Address: 206 8TH ST Address: 800 WALNUT STREET City-St-Zip: DES MOINES, IA City-St-Zip: DES MOINES, IA Title: PD Title: () Delete () Change () Addition ADAM, CHRISOPHER J Name: Name: 800 WALNUT ST Address: Address: DES MOINES, IA 503093636 City-St-Zip: City-St-Zip: Title: () Delete Title: DV (X) Change () Addition JACKSON, ANNE B Name: Name: EDGINGTON, JOLENE K 800 WALNUT ST 800 WALNUT ST Address: Address: City-St-Zip: DES MOINES, IA 503093636 City-St-Zip: DES MOINES, IA 503093636

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 D WOOD V 04/05/2004