

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90047 026 \*\*\*150.00

**DOCUMENT #** P00100 (8)  
**1. Entity Name** AGL Life Assurance Company

**Principal Place of Business** 610 W. Germantown Pike  
 Suite 460  
 Plymouth Meeting, PA 19462

**Mailing Address** Same

**2. Principal Place of Business** Suite, Apt. #, etc.  
**3. Mailing Address** Suite, Apt. #, etc.

**City & State** City & State

**Zip** Country **Zip** Country

00083636

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 52-0795747 **Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent** Florida Insurance Commissioner  
 The Capitol Building  
 Tallahassee, FL 32301

**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.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  **FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State

**10. Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, CEO & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hillman, John K. 610 W. Germantown Pk., Ste. 460 Plymouth Meeting, PA 19462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec. VP & Asst. Secretary & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Fischer, John T. 610 W. Germantown Pk., Ste. 460 Plymouth Meeting, PA 19462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Controller & Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Keim, Kent C. 610 W. Germantown Pk., Ste. 460 Plymouth Meeting, PA 19462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Gen. Counsel & Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Oberlies, Susan M. 610 W. Germantown Pk., Ste. 460 Plymouth Meeting, PA 19462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP and Asst. Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sulek, Paul J. 610 W. Germantown Pk., Ste. 460 Plymouth Meeting, PA 19462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

**13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **4/27/00** **(484) 530-4810**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (9/99)

#11

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AGL Life Assurance Company

Name of Director	Title
Robert D. Bates	Director <i>Delete</i>
William L. Bauhard	Director <i>Delete</i>
Theodore C. Cooley	Director <i>Delete</i>
John K. Hillman	Director <i>Change</i>
Bernard W. Reznicek	Director <i>Delete</i>
A. J. Scribante	Director <i>Delete</i>
William F. Welsh II	Director <i>Delete</i>

Name of Officer	Title
William L. Bauhard <i>Delete</i>	Senior Vice President, Chief Financial Officer and Treasurer
Charles E. Boyle <i>Delete</i>	Senior Vice President - Information Systems and Services
Charles D. Cunningham, Jr., JD, CLU	Vice President - Law Department <i>Delete</i>
Margaret A. Falck, JD <i>Delete</i>	Associate Counsel and Assistant Secretary
John K. Hillman, CPA, CLU, ChFC, FLMI <i>Change</i>	President and Chief Executive Officer
Robert M. Jergovic, CFA, CFP, FLMI <i>Delete</i>	Vice President - Investment Management and Assistant Treasurer
Lori L. Keating, CFA, ASA <i>Delete</i>	Asset/Liability Management - Vice President
Kent C. Keim <i>Change</i>	Director - Financial Reporting and Analysis
Kristine L. Levine <i>Delete</i>	Tax/Compliance Manager
Sally E. McCarney <i>Delete</i>	Investment Specialist
John W. Neppl, FLMI, CPA <i>Delete</i>	Vice President and Controller
Susan M. Oberlies, JD <i>Change</i>	Vice President, Assistant Secretary and Assistant General Counsel
Gail A. Smith, FLMI, ALHC, AIRC, ACS, AIAA <i>Delete</i>	Senior Vice President - Individual Insurance Services
Richard A. Spellman, JD <i>Delete</i>	Senior Vice President, General Counsel and Secretary
Paul L. Strong, CFA <i>Delete</i>	Director - Fixed Income Securities
Paul J. Sulek, FLMI, FSA <i>Change</i>	Vice President, Chief Actuary and Assistant Secretary*
John W. Ware <i>Delete</i>	Vice President - Operations

\*Mr. Sulek is AGL Life Assurance Company's appointed and illustration actuary.

#12

POOJOO  
B 008310310

Fischer, John:

Principal Occupation: Director -- Executive Vice President & Assistant Secretary

Business Address: 610 W. Germantown Pike, Suite 460  
Plymouth Meeting, PA 19462

Residence Address: 929 Weyman Court  
Atlanta, GA 30327

Social Security No.: 210-52-5368      Birthday: 6-10-59

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Kelleher, Joseph E.:

Business Address: 100 Bright Meadow Blvd.  
Enfield, CT 06082

Residence Address: 6 Spruce Lane  
Simsbury, CT

Social Security No.: 124-42-7615      Birthday: 12-31-52

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Pease, Glenn H.:

Business Address: One American Row  
Hartford, CT 06102

Residence Address: 32 Smithbrook Terrace  
Glastonbury, CT

Social Security No.: 044-46-0225      Birthday: 12-4-58

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Primmer, Robert E.:

Business Address: One American Row  
Hartford, CT 06102

Residence Address: 47 Wyngate  
Simsbury, CT

Social Security No.: 012-48-8529      Birthday:

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Tan, Simon Y.:

Business Address: One American Row  
Hartford, CT 06102

Residence Address: 169 Weir Street  
Glastonbury, CT 06033

Social Security No.: 133-48-5686      Birthday: 2-17-52

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Young, Dona D.:

Business Address: One American Row  
Hartford, CT 06102

Residence Address: 89 Woodford Hills Drive  
Avon, CT 06001

Social Security No.: 068-44-3481      Birthday: 1-8-54