


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90006 042 ***150.00

DOCUMENT # P00100			
1. Entity Name AGL LIFE ASSURANCE COMPANY			
Principal Place of Business 610 W. GERMANTOWN PIKE, SUITE 460 PLYMOUTH MEETING PA 19462 US		Mailing Address 610 W. GERMANTOWN PIKE, SUITE 460 PLYMOUTH MEETING PA 19462 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

34066009



MOORE CR2E034 (4/04)

4. FEI Number 52-0795747		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE FL 32399-0000		Name <u>CT CORPORATION SYSTEM</u> Street Address (P.O. Box Number is Not Acceptable) <u>1260 S. PINE ISLAND ROAD</u> City <u>PLANTATION</u> FL Zip Code <u>33324</u>	

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 CT CORPORATION SYSTEM DATE 7/26/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCE HILLMAN, JOHN K 610 W GERMANTOWN PK STE 460 PLYMOUTH MEETING PA 19462 <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 YOUNG, DONA D ONE AMERICAN ROW HARTFORD CT 06102 <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 TAN, SIMON Y ONE AMERICAN ROW HARTFORD CT 06102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JOHN T. FISHER 610 W. GERMANTOWN PIKE, SUITE 460 PLYMOUTH MEETING, PA 19462 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIMMER, ROBERT E ONE AMERICAN ROW HARTDORD CT 06102 <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 PEASE, GLENN H ONE AMERICAN ROW HARTFORD CT 06102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KENT C. KEIM 610 W. GERMANTOWN PIKE, SUITE 460 PLYMOUTH MEETING, PA 19462 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ORAOLHS, SUSAN M 610 W GERMAN TOWM PIKE STE 460 PLYMOUTH MEETING PA 19462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SUSAN M. OBERLIES 610 W. GERMANTOWN PIKE, SUITE 460 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN M. OBERLIES *Susan M Oberlies, VP* **7-27-04** 484.530.4815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #