


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 8:00 am
Secretary of State

01-11-2005 90012 017 ***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	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 CT CORRECTIONAL SYSTEM 1200 S. PINE ISLAND ROAD 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			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	PDCE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILLMAN, JOHN K		NAME		
STREET ADDRESS	610 W GERMANTOWN PK STE 460		STREET ADDRESS		
CITY-ST-ZIP	PLYMOUTH MEETING, PA 19462		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, DONA D		NAME	Philip K. Polkinghorn	
STREET ADDRESS	ONE AMERICAN ROW		STREET ADDRESS	One American Row	
CITY-ST-ZIP	HARTFORD, CT 06102		CITY-ST-ZIP	Hartford, CT 06102	
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCARE, JOHN T		NAME	John Fischer	
STREET ADDRESS	610 W GERMANTOWN PK STE 460		STREET ADDRESS		
CITY-ST-ZIP	PLYMOUTH MEETING, PA 19462		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRIMMER, ROBERT E		NAME	David R. Pellerin	
STREET ADDRESS	ONE AMERICAN ROW		STREET ADDRESS	One American Row	
CITY-ST-ZIP	HARTDORD, CT 06102		CITY-ST-ZIP	Hartford, CT 06102	
TITLE	VT	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KGI, KHERT C		NAME	Kent Keim	
STREET ADDRESS	610 W GERMANTOWN PK STE 460		STREET ADDRESS		
CITY-ST-ZIP	PLYMOUTH MEETING, PA 19462		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OBERLIES, SUSAN M		NAME		
STREET ADDRESS	610 W. GERMANTOWN PLACE, SUITE 460		STREET ADDRESS		
CITY-ST-ZIP	PLYMOUTH MEETING, PA 19462		CITY-ST-ZIP		
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 I am empowered.					
SIGNATURE: <i>Susan M. Oberlies</i>		Date: <i>1-4-05</i>		Daytime Phone #: <i>(484) 530-4800</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

50001483



01042005 Chg-P CR2E034 (10/03)

4. FEI Number **52-0795747**

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

FL Zip Code

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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 11

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STREET ADDRESS	610 W GERMANTOWN PK STE 460	
CITY-ST-ZIP	PLYMOUTH MEETING, PA 19462	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, DONA D	
STREET ADDRESS	ONE AMERICAN ROW	
CITY-ST-ZIP	HARTFORD, CT 06102	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FISCARE, JOHN T	
STREET ADDRESS	610 W GERMANTOWN PK STE 460	
CITY-ST-ZIP	PLYMOUTH MEETING, PA 19462	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRIMMER, ROBERT E	
STREET ADDRESS	ONE AMERICAN ROW	
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NAME	KGI, KHERT C	
STREET ADDRESS	610 W GERMANTOWN PK STE 460	
CITY-ST-ZIP	PLYMOUTH MEETING, PA 19462	
TITLE	VS	<input type="checkbox"/> Delete
NAME	OBERLIES, SUSAN M	
STREET ADDRESS	610 W. GERMANTOWN PLACE, SUITE 460	
CITY-ST-ZIP	PLYMOUTH MEETING, PA 19462	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
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TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Philip K. Polkinghorn	
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CITY-ST-ZIP	Hartford, CT 06102	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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CITY-ST-ZIP		

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SIGNATURE: *Susan M. Oberlies* Date: *1-4-05* Daytime Phone #: *(484) 530-4800*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR