


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90259 040 ***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

20001261

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



01032006 Chg-P CR2E034 (11/05)

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
 CHIEF FINANCIAL OFFICER
 THE CAPITOL BLDG.
 TALLAHASSEE, FL 32399

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 reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
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	D POLKINGHORN, PHILIP K ONE AMERICAN ROW HARTFORD, CT 06102 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FISCHER, JOHN 610 W GERMANTOWN PK STE 460 PLYMOUTH MEETING, PA 19462 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELLERIN, DAVID R ONE AMERICAN ROW HARTDORD, CT 06102 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KEIM, KENT 610 W GERMANTOWN PK STE 460 PLYMOUTH MEETING, PA 19462 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS OBERLIES, SUSAN M 610 W. GERMANTOWN PLACE, SUITE 460 PLYMOUTH MEETING, PA 19462 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILIP K. POLKINGHORN 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan M Oberlies* SUSAN M. OBERLIES *VP Secretary 1/4/06 (484)530-4800*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #