

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Jan 17, 2007 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent
CHIEF FINANCIAL OFFICER
THE CAPITOL BLDG.
TALLAHASSEE, FL 32399

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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 _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PDCE
NAME	HILLMAN, JOHN K
STREET ADDRESS	610 W GERMANTOWN PK STE 460
CITY-ST-ZIP	PLYMOUTH MEETING, PA 19462
TITLE	D
NAME	POLKINGHORN, PHILIP K
STREET ADDRESS	ONE AMERICAN ROW
CITY-ST-ZIP	HARTFORD, CT 06102
TITLE	DV
NAME	FISCHER, JOHN
STREET ADDRESS	610 W GERMANTOWN PK STE 460
CITY-ST-ZIP	PLYMOUTH MEETING, PA 19462
TITLE	VT
NAME	KEIM, KENT
STREET ADDRESS	610 W GERMANTOWN PK STE 460
CITY-ST-ZIP	PLYMOUTH MEETING, PA 19462
TITLE	VS
NAME	OBERLIES, SUSAN M
STREET ADDRESS	610 W. GERMANTOWN PLACE, SUITE 460
CITY-ST-ZIP	PLYMOUTH MEETING, PA 19462
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Oberlies, VP* 1-5-07 484-530-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #