

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00100

FILED  
Jan 04, 2008  
Secretary of State

Entity Name: AGL LIFE ASSURANCE COMPANY

**Current Principal Place of Business:**

610 W. GERMANTOWN PIKE, SUITE 460  
PLYMOUTH MEETING, PA 19462 US

**New Principal Place of Business:**

**Current Mailing Address:**

610 W. GERMANTOWN PIKE, SUITE 460  
PLYMOUTH MEETING, PA 19462 US

**New Mailing Address:**

FEI Number: 52-0795747      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
THE CAPITOL BLDG.  
TALLAHASSEE, FL 32399 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDCE ( ) Delete  
Name: HILLMAN, JOHN K  
Address: 610 W GERMANTOWN PK STE 460  
City-St-Zip: PLYMOUTH MEETING, PA 19462

Title: D ( ) Delete  
Name: POLKINGHORN, PHILIP K  
Address: ONE AMERICAN ROW  
City-St-Zip: HARTFORD, CT 06102

Title: DV ( ) Delete  
Name: FISCHER, JOHN  
Address: 610 W GERMANTOWN PK STE 460  
City-St-Zip: PLYMOUTH MEETING, PA 19462

Title: VT ( ) Delete  
Name: KEIM, KENT  
Address: 610 W GERMANTOWN PK STE 460  
City-St-Zip: PLYMOUTH MEETING, PA 19462

Title: VS ( ) Delete  
Name: OBERLIES, SUSAN M  
Address: 610 W. GERMANTOWN PLACE, SUITE 460  
City-St-Zip: PLYMOUTH MEETING, PA 19462

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN M. OBERLIES

VP

01/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date