

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00100

FILED
Jan 16, 2009
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: JOHN K. HILLMAN

Electronic Signature of Signing Officer or Director

PDCE

01/16/2009

_____ Date