

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

06202985
AT

DOCUMENT # **P00100**

1. Entity Name
AGL LIFE ASSURANCE COMPANY



01-17-2003 90079 033 ***150.00

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

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PDCE
HILLMAN, JOHN K
610 W GERMANTOWN PK STE 460
PLYMOUTH MEETING PA 19462** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
YOUNG, DONA D
ONE AMERICAN ROW
HARTFORD CT 06102** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
TAN, SIMON Y
ONE AMERICAN ROW
HARTFORD CT 06102** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
PRIMMER, ROBERT E
ONE AMERICAN ROW
HARTDORD CT 06102** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
JOHN T. FISCHER
610 W. GERMANTOWN PIKE, SUITE 460
PLYMOUTH MEETING, PA 19462** Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
PEASE, GLENN H
ONE AMERICAN ROW
HARTFORD CT 06102** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V, S
SUSAN M. ORRILLIS
610 W. GERMANTOWN PIKE, SUITE 460
PLYMOUTH MEETING, PA 19462** Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
KELLEHER, JOSEPH E
100 BRIGHT MEADOW BLVD
ENFIELD CT 06082** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V, T
KENT C. KEIM
610 W. GERMANTOWN PIKE, SUITE 460
PLYMOUTH MEETING, PA 19462** Change Addition

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-03 484-530-4815

Date

Daytime Phone #

CR2E034 (10/02)