

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000114776

Entity Name: LAM LIFE INSURANCE, LLC

Current Principal Place of Business:

121 ALHAMBRA PLAZA
SUITE 1600
CORAL GABLES, FL 33134

Current Mailing Address:

121 ALHAMBRA PLAZA
SUITE 1600
CORAL GABLES, FL 33134 US

FEI Number: 27-3916585

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RENTZ, R. LARRY
121 ALHAMBRA PLAZA
SUITE 1600
CORAL GABLES, FL 33134 US

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

Authorized Person(s) Detail :

Title MGR
Name MORRIS, W. ALLEN
Address 121 ALHAMBRA PLAZA
SUITE 1600
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name BELL, JAMES FJR
Address 121 ALHAMBRA PLAZA
SUITE 1600
City-State-Zip: CORAL GABLES FL 33134

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: W. ALLEN MORRIS

MANAGER

03/18/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date