

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 808731

FILED  
Jan 09, 2007  
Secretary of State

Entity Name: LIBERTY LIFE INSURANCE COMPANY

## Current Principal Place of Business:

2000 WADE HAMPTON BLVD  
GREENVILLE, SC 29615 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1389  
GREENVILLE, SC 29602 US

## New Mailing Address:

FEI Number: 44-0188050

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 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: PD ( ) Delete  
Name: BLACK, ROBERT D  
Address: 2000 WADE HAMPTON BLVD  
City-St-Zip: GREENVILLE, SC 29615

Title: T ( ) Delete  
Name: SMITH, GUY H III  
Address: 2000 WADE HAMPTON BLVD  
City-St-Zip: GREENVILLE, SC 29615

Title: S ( ) Delete  
Name: COLEMAN, ROBERT T III  
Address: 2000 WADE HAMPTON BLVD  
City-St-Zip: GREENVILLE, SC 29615

Title: CA ( ) Delete  
Name: OBERMEIER, JOHN R III  
Address: 2000 WADE HAMPTON BLVD  
City-St-Zip: GREENVILLE, SC 29615

Title: D ( ) Delete  
Name: DEARDORFF, MICHAEL K  
Address: 2 PERSHING SQUARE, 2300 MAIN ST 4TH FL  
City-St-Zip: KANSAS CITY, MO 64108

Title: DC ( ) Delete  
Name: SKELDING, NEIL D  
Address: 2376 VALLEY FOREST WAY  
City-St-Zip: OAKVILLE, ON 29615

## 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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GUY H. SMITH, III

T

01/09/2007

Electronic Signature of Signing Officer or Director

Date