
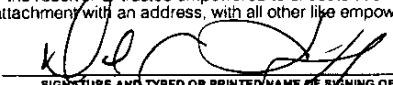


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90061 016 ***158.75

DOCUMENT # 810697 1. Entity Name OCCIDENTAL LIFE INSURANCE COMPANY OF NORTH CAROLINA					
Principal Place of Business 425 AUSTIN AVENUE WACO, TX 76701 US			Mailing Address P.O. BOX 2595 WACO, TX 76702-2595 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 56-0343440	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VT SCHAFER, DARLA A 425 AUSTIN AVENUE WACO, TX 76701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DUNLAP, JOE W 425 AUSTIN AVENUE WACO, TX 76701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEAVY, SHELBY L 425 AUSTIN AVENUE WACO, TX 76701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAUCEDO, CYNTHIA L 425 AUSTIN AVENUE WACO, TX 76701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLANTON, MICHAEL J 425 AUSTIN AVENUE WACO, TX 76701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SLIVA, DARREN G 425 AUSTIN AVENUE WACO, TX 76701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			1/7/08 254-297-2775		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DARLA A. SCHAFER			Date Daytime Phone #		

40001301



01042008 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VT
SCHAFER, DARLA A
425 AUSTIN AVENUE
WACO, TX 76701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VS
DUNLAP, JOE W
425 AUSTIN AVENUE
WACO, TX 76701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
PEAVY, SHELBY L
425 AUSTIN AVENUE
WACO, TX 76701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
SAUCEDO, CYNTHIA L
425 AUSTIN AVENUE
WACO, TX 76701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
BLANTON, MICHAEL J
425 AUSTIN AVENUE
WACO, TX 76701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
SLIVA, DARREN G
425 AUSTIN AVENUE
WACO, TX 76701

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT 40001561

810694

Occidental Life Insurance Company of North Carolina
Additional Officers and Directors
December 31, 2007

Vice President
Michael E. Dragoo
425 Austin Avenue
Waco, TX 76701

Vice President
Cary D. Goggin
425 Austin Avenue
Waco, TX 76701

Vice President
Richard D. Weaver
425 Austin Avenue
Waco, TX 76701

Director
James K. Lanyon
425 Austin Avenue
Waco, TX 76701

Director
John H. Massey
425 Austin Avenue
Waco, TX 76701

Director
Randy P. Mire
425 Austin Avenue
Waco, TX 76701

Director
Lee M. Mitchell
425 Austin Avenue
Waco, TX 76701

Director
Carl D. Thoma
425 Austin Avenue
Waco, TX 76701