## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#810813** 

Entity Name: THE LAFAYETTE LIFE INSURANCE COMPANY

FILED Apr 28, 2009 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
1905 TEAL P.O. BOX LAFAYET				1905 TEAL LAFAYETT	_ ROAD TE, IN 47905	
Current Mailing Address:				New Mailing Address:		
1905 TEAL P.O. BOX LAFAYET						
FEI Number:	: 35-0457540	FEI Number Applied For ( )	FEI Num	nber Not Appl	licable ( ) Certificate of Status Desired ( )	
Name and	Address of C	current Registered Agent:		Name and	Address of New Registered Agent:	
P O BOX 6 200 E. GAI	IANCIAL OFFI 3200 (32314-62 INES ST SSEE, FL 323	200)				
	named entity : e of Florida.	submits this statement for the p	urpose of	f changing i	its registered office or registered agent, or both,	
SIGNATU	RE:					
	Electror	ic Signature of Registered Age	nt		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD ( ) STILLWELL, JI 703 EMERALD LAFAYETTE, IN	DR		Title: Name: Address: City-St-Zip:	PCEO (X) Change ( ) Addition STILLWELL, JERRY B 703 EMERALD DR LAFAYETTE, IN 47905	
Title: Name: Address: City-St-Zip:	S ( ) VARGO, D J 3740 POWER   CARMEL, IN 4			Title: Name: Address: City-St-Zip:	SVP (X) Change ( ) Addition VARGO, DEBORAH J 3740 POWER DRIVE CARMEL, IN 46033	
Title: Name: Address: City-St-Zip:	VD ( ) HELBERT, RG 25 EXCALIBUR LAFAYETTE, IN			Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition OLDS, WILLIAM F 508 VERMONT DRIVE LAFAYETTE, IN 47905	
Title: Name: Address: City-St-Zip:	V () MCMINDES, J. 8806 MCAFEE LAFAYETTE, IN	LANE		Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition MITCHELL, GREGORY L 710 WINSLOW LANE WEST LAFAYETTE, IN 47906	
Title: Name: Address: City-St-Zip:	V () ROGERS, C E 3184 HUXLEY WEST LAFAYE			Title: Name: Address: City-St-Zip:	VPT (X) Change ( ) Addition ROGERS, CHERYL E 3184 HUXLEY DR WEST LAFAYETTE, IN 47906	
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	VP ( ) Change (X) Addition POXON, JEFFREY 1920 DURKEES RUN CT LAFAYETTE, IN 47905	

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: DEBORAH J. VARGO SVP 04/28/2009