

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 810813

FILED
Jan 21, 2010
Secretary of State

Entity Name: THE LAFAYETTE LIFE INSURANCE COMPANY

Current Principal Place of Business:

1905 TEAL ROAD
LAFAYETTE, IN 47905

New Principal Place of Business:

Current Mailing Address:

1905 TEAL ROAD
P.O. BOX 7007
LAFAYETTE, IN 47903

New Mailing Address:

FEI Number: 35-0457540 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
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: PCEO
Name: STILLWELL, JERRY B
Address: 703 EMERALD DR
City-St-Zip: LAFAYETTE, IN 47905

Title: SVP
Name: VARGO, DEBORAH J
Address: 3740 POWER DRIVE
City-St-Zip: CARMEL, IN 46033

Title: VP
Name: OLDS, WILLIAM F
Address: 508 VERMONT DRIVE
City-St-Zip: LAFAYETTE, IN 47905

Title: VPT
Name: MITCHELL, GREGORY L
Address: 710 WINSLOW LANE
City-St-Zip: WEST LAFAYETTE, IN 47906

Title: VP
Name: POXON, JEFFREY A
Address: 1920 DURKEES RUN CT
City-St-Zip: LAFAYETTE, IN 47905

Title: VP
Name: O'BRIEN, LAWRENCE J
Address: 2406 SILVERADO CIRCLE
City-St-Zip: LAFAYETTE, IN 47909

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 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 all other like empowered.

SIGNATURE: DEBORAH J. VARGO

SVP

01/21/2010

Electronic Signature of Signing Officer or Director

Date