



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90031 047 \*\*\*150.00

<b>DOCUMENT # 813634</b> 1. Entity Name <b>AVIVA LIFE INSURANCE COMPANY</b>			
Principal Place of Business <b>BATTERYMARCH PARK BLDG III 3 PINE HILL DR QUINCY, MA 02169-7472</b>		Mailing Address <b>BATTERYMARCH PARK BLDG III 3 PINE HILL DR QUINCY, MA 02169-7472 US</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address <b>699 Walnut St</b> <b>Ste 1400</b> <b>Des Moines, IA</b> <b>50309</b> <b>USA</b>	
			
		01082008                      Chg-P                      CR2E034 (12/06)	
4. FEI Number <b>04-2235236</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>		<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	NAME	TITLE	NAME
	<b>SVPD</b>		<b>President / Director</b>
	<b>KYPTA, RICHARD J.</b>		<b>Godlasky, Thomas J</b>
	<b>BATTERYMARCH PK BLDGIII 3 PINE HILL DR</b>		<b>699 Walnut St</b>
	<b>QUINCY, MA 021697472</b>		<b>Des Moines IA 50309</b>
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<b>SVPD</b>		<b>Secretary</b>
	<b>WHITEHEAD, JEFFREY J</b>		<b>Littlefield, Christopher J</b>
	<b>BATTERYMARCH PK BLDGIII 3 PINE HILL DR</b>		<b>699 Walnut St</b>
	<b>QUINCY, MA 021697472</b>		<b>Des Moines, IA 50309</b>
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<b>VPSG</b>		<b>Treasurer / Director</b>
	<b>GUIMOND, GERALD J</b>		<b>Hammond, Mark K</b>
	<b>BATTERYMARCH PK BLDGIII 3 PINE HILL DR</b>		<b>699 Walnut St</b>
	<b>QUINCY, MA 021697472</b>		<b>Des Moines IA 50309</b>
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<b>PDCE</b>		<b>Vice President</b>
	<b>GODLASKY, THOMAS C</b>		<b>Heng, William J</b>
	<b>BATTERYMARCH PK BLDGIII 3 PINE HILL DR</b>		<b>699 Walnut St</b>
	<b>QUINCY, MA 021697472</b>		<b>Des Moines, IA 50309</b>
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<b>SVPD</b>		<b>Director</b>
	<b>SHEERIN, MARTIN</b>		<b>Clark, Brian J</b>
	<b>BATTERYMARCH PK BLDGIII 3 PINE HILL DR</b>		<b>699 Walnut St</b>
	<b>QUINCY, MA 021697472</b>		<b>Des Moines, IA 50309</b>
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			<b>Director</b>
			<b>Hertz, Mark V</b>
			<b>699 Walnut St</b>
			<b>Des Moines, IA 50309</b>
			<input type="checkbox"/> Change <input checked="" 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.			
<b>SIGNATURE:</b> <u>David M. Wingert</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/2/2008                      515-362-3678 <small>Date                      Daytime Phone #</small>	