

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814006

FILED  
Jan 19, 2012  
Secretary of State

**Entity Name:** FREEDOM LIFE INSURANCE COMPANY OF AMERICA

**Current Principal Place of Business:**

801 CHERRY STREET  
UNIT 33  
FORT WORTH, TX 76102

**New Principal Place of Business:**

**Current Mailing Address:**

801 CHERRY STREET  
UNIT 33  
FORT WORTH, TX 76102

**New Mailing Address:**

**FEI Number:** 61-1096685      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THE CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399      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

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** BENJAMIN, CUTLER M PRES.  
**Address:** 801 CHERRY STREET, UNIT 33  
**City-St-Zip:** FORT WORTH, TX 76102 US

**Title:** EVP  
**Name:** PATRICK, O'NEILL H SEC  
**Address:** 801 CHERRY STREET, UNIT 33  
**City-St-Zip:** FORT WORTH, TX 76102 US

**Title:** SVP  
**Name:** KOENING, CYNTHIA B  
**Address:** 801 CHERRY STREET, UNIT 33  
**City-St-Zip:** FORT WORTH, TX 76102 US

**Title:** VP  
**Name:** JACOBS, BILLY L  
**Address:** 801 CHERRY STREET, UNIT 33  
**City-St-Zip:** FORT WORTH, TX 76102 US

**Title:** SVP  
**Name:** WATSON, RICKY A  
**Address:** 801 CHERRY STREET, UNIT 33  
**City-St-Zip:** FORT WORTH, TX 76102 US

**Title:** SVP  
**Name:** RABINOWITZ, BERNARD  
**Address:** 801 CHERRY STREET, UNIT 33  
**City-St-Zip:** FORT WORTH, TX 76102 US

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: CYNTHIA B KOENIG

SVP

01/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date