2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#814485

Entity Name: O M FINANCIAL LIFE INSURANCE COMPANY

FILED Jan 30, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
	ET STREET RE, MD 21202	US		6TH FLOC	ET STREET PR RE, MD 21202	US
Current Mailing Address:				New Mailing Address:		
1001 FLEET STREET BALTIMORE, MD 21202 US				1001 FLEET STREET 6TH FLOOR BALTIMORE, MD 21202 US		
FEI Number:	: 52-6033321	FEI Number Applied For ()	FEI Nun	nber Not Appl	licable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:		Name and	Address of N	ew Registered Agent:
P O BOX 6 200 E. GAI TALLAHAS The above in the State	SSEE, FL 3239 named entity se of Florida.	00) 90000 US	urpose o	of changing i	ts registered of	fice or registered agent, or both,
SIGNATUR		0				
		c Signature of Registered Age	nt			Date
Election Car	npaign rinancing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PARKER, BRUC	R CENTER WEST, SUITE E212		Title: Name: Address: City-St-Zip:	PHELPS, JOHN	ER CENTER WEST, SUITE E212
Title: Name: Address: City-St-Zip:	DCFO () WARD, BARRY 1001 FLEET STI BALTIMORE, MI	REET		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	DSVP () LUMBY, VICTOR 1001 FLEET STI BALTIMORE, ME	REET		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	DSVP () SMITH, DAVID H 1001 FLEET STI BALTIMORE, ME	REET		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	PRETTY, RICHA	R CENTER WEST, SUITE E212		Title: Name: Address: City-St-Zip:	DSVP (X) POLLARD, RICH 1001 FLEET ST BALTIMORE, MI	REET
Title: Name: Address: City-St-Zip:	SVPS () MARHOUN, ERIO 1001 FLEET STI BALTIMORE, MI	REET		Title: Name: Address: City-St-Zip:	()	Change () Addition

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: ERIC L. MARHOUN SVPS 01/30/2009