


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 819653		
1. Entity Name ACE LIFE INSURANCE COMPANY		

Principal Place of Business TWO STAMFORD PLAZA, 281 TRESSER BLVD ST500 STAMFORD, CT 06901-3264 US	Mailing Address TWO STAMFORD PLAZA 281 TRESSER BLVD STE 500 STAMFORD, CT 06901-3264 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
07 JAN -2 AM 9:25
STATE OF ALABAMA, FLORIDA



12052006 Chg-P CR2E034 (11/05)

4. FEI Number 22-1771521		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL 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 _____ DATE **01/02/07--01060--004 **\$1.25**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MARRA, THOMAS M 200 HOPMEADOW ST SIMSBURY, CT 06089 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARRY J. JOHNSON Chairman 1133 AVENUE OF THE AMERICAS, 44th FLR. NEW YORK NY 10036 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALTERS, JOHN C 200 HOPMEADOW ST SIMSBURY, CT 06089 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ronald A. Conigan President TWO STAMFORD PLAZA, 281 TRESSER BLVD, SUITE 500 STAMFORD CT 06901-3264 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T GIAMALIS, JOHN N HARTFORD PLAZA HARTFORD, CT 06115 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACK R. SCOTT U.P. SECRETARY - General Counsel 430 WALNUT ST., PO BOX 1000 Philadelphia PA 19106 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S COSTELLO, RICHARD G HARTFORD PLAZA HARTFORD, CT 06115 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL R. SNIDER Chief Financial Officer 430 WALNUT STREET, PO BOX 1000 Philadelphia PA 19106 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID, CARLSON A 200 HOPMEADOW ST SIMSBURY, CT 06089 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEONARD C. MORGAN U.P. Chief Actuary TWO STAMFORD PLAZA, 281 TRESSER STAMFORD CT 06901-3264 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D ZLATKUS, LIZABETH H 200 HOPMEADOW ST SIMSBURY, CT 06089 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Paul P. Widhalm Assistant Vice President TWO STAMFORD PLAZA, 281 TRESSER BLVD, SUITE 500 STAMFORD CT 06901-3264 <input type="checkbox"/> Change <input 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.

SIGNATURE: Michael R. Snider **12/7/06** **404.378.7707**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Directors & Principal Officers (Continued)

Officer:

Name:	Kirk E. Peebles
Title:	Treasurer and Controller
Address:	436 Walnut Street, P.O. Box 1000
City/St/Zip:	Philadelphia, PA 19106