2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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DOCUMENT # 819653 1. Entity Name ACE LIFE INSURANCE COMPANY					FILED 07 JAN -2 AM 9: 25				
Principal Plac	e of Business			114 5	LATE				
Principal Place of Business Mailing Address TWO STAMFORD PLAZA, 281 TRESSER BLVD ST500 TWO STAMFORD PLAZA 281 TRESSER BLVD						ALCAMA	STE EL	TATE Of the control	
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				22-1771	521		Not A	\pplicable	
Zip Country		Zip Co		itry			\$	8.75 Additio	onal
—r	,		•		5. Certificate of	f Status Desired		ee Required	
	6. Name and Address of Current	Registered Agent	·		7. Name and A	ddress of New Re	gistered Ag	gent	
· · · · · · · · · · · · · · · · · · ·		Name							
CT CORPO	DRATION SYSTEM								
1200 S PINE ISLAND RD				Street Address (P.O. Box Number is Not Acceptable)					
	ON, FL 33324								
	·			İ					
				City FL Zip Code					
								<u> </u>	
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.									
01/02/0701060004 **61 25									
SIGNATURE Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating) OATE									
9. Election Campaign Financing \$5.00 May Be									
Am	ended AR is \$61.25	Trust Fund Cont	ribution.	☐ Add	led to Fees				
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NAME	COSTELLO, RICHARD G	,	NAV	r 175	$\mathcal{L} = \mathcal{L} \cup \mathcal{L} \cap \mathcal{L}$	in OFFICE	*	377	·,
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NAME	DAVID, CARLSON A	LE Velat	NAM	_α	Chief 1	MAKEN	•		. L
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STREET ADORESS CITY-ST-ZIP	SIMSBURY, CT 06089				Thed CI				
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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 ii [
changed, or on an attachment with an address, with all other like empowered.									

SIGNATURE: MICHAEL R. SWIDEV 12/7/06 404.378.7707

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Daylor 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