

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819653

FILED  
Jul 12, 2007  
Secretary of State

Entity Name: ACE LIFE INSURANCE COMPANY

## Current Principal Place of Business:

TWO STAMFORD PLAZA, 281 TRESSER BLVD ST500  
STAMFORD, CT 069013264 US

## New Principal Place of Business:

## Current Mailing Address:

TWO STAMFORD PLAZA 281 TRESSER BLVD  
STE 500  
STAMFORD, CT 069013264 US

## New Mailing Address:

FEI Number: 22-1771521      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: JACOBSON, BARRY  
Address: 1133 AVENUE OF THE AMERICAS, 44TH FL  
City-St-Zip: NEW YORK, NY 10036

Title: P ( ) Delete  
Name: COLLIGAN, RONALD A  
Address: TWO SHELTER PLAZA, 281 TRESSER BLVD, #500  
City-St-Zip: STAMFORD, CT 069013264

Title: VSGC ( ) Delete  
Name: SCOTT, JACK R  
Address: 436 WALNUT ST  
City-St-Zip: PHILADELPHIA, PA 19106

Title: CFO ( ) Delete  
Name: SNIDER, MICHAEL R  
Address: 436 WALNUT ST  
City-St-Zip: PHILADELPHIA, PA 19106 US

Title: VCA ( ) Delete  
Name: MANGINI, LEONARD C  
Address: TWO STAMFORD PLAZA, 281 TRESSER BLVD, #500  
City-St-Zip: STAMFORD, CT 06901 US

Title: AV ( ) Delete  
Name: WIDHALM, PAUL P  
Address: TWO STAMFORD PLAZA, 281 TRESSER BLVD, #500  
City-St-Zip: STAMFORD, CT 06901 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JACK SCOTT

VSGC

07/12/2007

Electronic Signature of Signing Officer or Director

Date