

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 820053**

1. Entity Name  
**FIRST INVESTORS LIFE INSURANCE COMPANY**



Principal Place of Business

**95 WALL STREET  
NEW YORK, NY 10005**

Mailing Address

**RARITAN PLAZA 1  
P O BOX 7836  
EDISON, NJ 08818**



04032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-1968606**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**NADEAU, RICHARD  
3825 HENDERSON BLVD  
203  
TAMPA, FL 33629**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	V
NAME	DRINKWATER, WILLIAM H
STREET ADDRESS	95 WALL STREET
CITY-ST-ZIP	NEW YORK, NY 10005
TITLE	P
NAME	SPRINGSTEEN, CAROL E
STREET ADDRESS	RARITAN PLAZA 1, P O BOX 7836
CITY-ST-ZIP	EDISON, NJ 08818
TITLE	V
NAME	FALCON, LAWRENCE M
STREET ADDRESS	RARITAN PLAZA 1, P O BOX 7836
CITY-ST-ZIP	EDISON, NJ 08818
TITLE	V
NAME	LIPKUS, WILLIAM M
STREET ADDRESS	RARITAN PLAZA 1, P O BOX 7836
CITY-ST-ZIP	EDISON, NJ 08818
TITLE	D
NAME	SULLIVAN, JOHN T
STREET ADDRESS	95 WALL STREET
CITY-ST-ZIP	NEW YORK, NY 10005
TITLE	D
NAME	WAGNER, CLARK D
STREET ADDRESS	95 WALL STREET
CITY-ST-ZIP	NEW YORK, NY 10005

1100000497764  
04/22/06-80067-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/06 (732)855-2770  
Date Daytime Phone #