

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 820053

FILED
Jan 18, 2008
Secretary of State

Entity Name: FIRST INVESTORS LIFE INSURANCE COMPANY

Current Principal Place of Business:

95 WALL STREET
NEW YORK, NY 10005

New Principal Place of Business:

110 WALL STREET
NEW YORK, NY 10005

Current Mailing Address:

RARITAN PLAZA 1
P O BOX 7836
EDISON, NJ 08818

New Mailing Address:

FEI Number: 13-1968606 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZ, BRUCE
3450 LAKESIDE DR
STE 340
MIRAMAR, FL 330273234 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D,P () Delete
Name: SPRINGSTEEN, CAROL E
Address: RARITAN PLAZA 1 PO BOX 7836
City-St-Zip: EDISON, NJ 08818 US

Title: D () Delete
Name: HEAD, KATHRYN S
Address: RARITAN PLAZA 1 PO BOX 7836
City-St-Zip: EDISON, NJ 08818 US

Title: D,V () Delete
Name: DRINKWATER, WILLIAM H
Address: 95 WALL ST
City-St-Zip: NEW YORK, NY 10005 US

Title: V () Delete
Name: LIPKUS, WILLIAM M
Address: RARITAN PLAZA 1 PO BOX 7836
City-St-Zip: EDISON, NJ 08818 US

Title: V () Delete
Name: FALCON, LAWRENCE M
Address: RARITAN PLAZA 1 PO BOX 7836
City-St-Zip: EDISON, NJ 08818 US

Title: V () Delete
Name: MULLER, GLEN D
Address: RARITAN PLAZA 1 PO BOX 7836
City-St-Zip: EDISON, NJ 08818

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
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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: WILLIAM LIPKUS

VP

01/18/2008

Electronic Signature of Signing Officer or Director

_____ Date