

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90012 023 ***550.00

DOCUMENT # 851720 1. Entity Name CAMBRIDGE LIFE INSURANCE COMPANY					
Principal Place of Business 27725 SANTA MARGARITA PKWY STE 220 MISSION VIEJO, CA 92691 US			Mailing Address 27725 SANTA MARGARITA PKWY STE 220 MISSION VIEJO, CA 92691 US		
2. Principal Place of Business <div style="text-align: center;">SAME</div>		3. Mailing Address <div style="text-align: center;">SAME</div>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 75-1431313 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCULLION, PATRICK <input checked="" type="checkbox"/> Delete 27725 SANTA MARGARITA PKWY STE 220 MISSION VIEJO, CA 92691		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Joseph E. Whitters <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 27725 Santa Margarita Pkwy Ste 220 Mission Viejo, CA 92691	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DILLS, PATRICK GEARY <input type="checkbox"/> Delete 27725 SANTA MARGARITA PKY. #220 MISSION VIEJO, CA 92691		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, SUSAN T <input type="checkbox"/> Delete 27725 SANTA MARGARITA PKWY STE 220 MISSION VIEJO, CA 92691		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKERSON, ALTON LEE <input type="checkbox"/> Delete 27725 SANTA MARGARITA PKWY STE 220 MISSION VIEJO, CA 92691		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUDENMUND, DAVID <input type="checkbox"/> Delete 27725 SANTA MARGARITA PKWY STE 220 MISSION VIEJO, CA 92691		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANNABACH, JANE <input type="checkbox"/> Delete 27725 SANTA MARGARITA PKWY #220 MISSION VIEJO, CA 92691		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jane Hannabach, President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5/14/04 (949) 380-0233 <small>Date Daytime Phone #</small>		