

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 852933

FILED
May 01, 2008
Secretary of State

Entity Name: THE BALTIMORE LIFE INSURANCE COMPANY

Current Principal Place of Business:

10075 RED RUN BLVD.
OWINGS MILLS, MD 211176050

New Principal Place of Business:

Current Mailing Address:

10075 RED RUN BLVD.
OWINGS MILLS, MD 211176050

New Mailing Address:

FEI Number: 52-0236900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMISSIONER OF INSURANCE
LARSON BUILDING
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: CEOP () Delete
Name: PEARSON, L. J
Address: 10075 RED RUN BLVD
City-St-Zip: OWINGS MILLS, MD 21117

Title: T () Delete
Name: CRANSTON, THOMAS
Address: 10075 RED RUN BLVD.
City-St-Zip: OWINGS MILLS, MD 21117

Title: V () Delete
Name: DUFF, JANICE A
Address: 10075 RED RUN BOULEVARD
City-St-Zip: OWINGS MILLS, MD 21117

Title: V () Delete
Name: PATTERSON, JOHN J
Address: 10075 RED RUN BLVD.
City-St-Zip: OWINGS MILLS, MD 21117

Title: S () Delete
Name: ROJAS, HAROLD
Address: 10075 RED RUN BLVD.
City-St-Zip: OWINGS MILLS, MD 21117

Title: V () Delete
Name: FICCA, DAVID K
Address: 10075 RED RUN BOULEVARD
City-St-Zip: OWINGS MILLS, MD 21117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: CRANSTON, THOMAS R
Address: 10075 RED RUN BLVD.
City-St-Zip: OWINGS MILLS, MD 21117

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: RICARD A. SPENCER III

VP

05/01/2008

Electronic Signature of Signing Officer or Director

Date