

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F06000006620</b>														
1. Entity Name <b>LUSO-AMERICAN LIFE INSURANCE SOCIETY, INCORPORATED</b>														
Principal Place of Business <b>7080 DONLON WAY SUITE 200 DUBLIN, CA 94568</b>	Mailing Address <b>7080 DONLON WAY SUITE 200 DUBLIN, CA 94568</b>	  01092007 No Chg-NP CR2E037 (4/06) <table border="1"><tr><td>4. FEI Number <b>94-0401313</b></td><td>Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required</td></tr></table>	4. FEI Number <b>94-0401313</b>	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required									
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<b>DO NOT WRITE IN THIS SPACE</b>														
6. Name and Address of Current Registered Agent  <b>MORRERO, PAULA C 12024 STOLL MEADOW DRIVE CLERMONT, FL 34711</b>		<b>DO NOT WRITE IN THIS SPACE</b>												
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 <u>NO CHANGE</u> DATE <u>January 9, 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>														
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees												
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>CHRM VIEIRA, ALBERT 1962 LIBERTY STREET SANTA CLARA, CA 95050</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>VCHM FURTADO, EDITE 201 COMMON STREET QUINCY ARA, MA 02169</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>P SOUZA, FRANK X JR 4217 ST. ANDREWS STREET STOCKTON, CA 95219</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>EXV MINHOTO, MANUEL A 7080 DONLON WAY, SUITE 200 DUBLIN, CA 94568</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>S SOARES, J. LARRY 7080 DONLON WAY, SUITE 200 DUBLIN, CA 94568</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>T DE MELO, DONALDA 7080 DONLON WAY, SUITE 200 DUBLIN, CA 94568</td></tr></table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRM VIEIRA, ALBERT 1962 LIBERTY STREET SANTA CLARA, CA 95050	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCHM FURTADO, EDITE 201 COMMON STREET QUINCY ARA, MA 02169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOUZA, FRANK X JR 4217 ST. ANDREWS STREET STOCKTON, CA 95219	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXV MINHOTO, MANUEL A 7080 DONLON WAY, SUITE 200 DUBLIN, CA 94568	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOARES, J. LARRY 7080 DONLON WAY, SUITE 200 DUBLIN, CA 94568	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DE MELO, DONALDA 7080 DONLON WAY, SUITE 200 DUBLIN, CA 94568
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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 617, 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.  <b>SIGNATURE: J. Larry Soares</b> <b>J. Larry Soares, V.P./Secretary</b> <b>(925) 828-4884</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>														