2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# F06000006620

Entity Name: LUSO-AMERICAN LIFE INSURANCE SOCIETY, INCORPORATED

Current Principal Place of Business:

7080 DONLON WAY
SUITE 200
DUBLIN, CA 94568

New Principal Place of Business:

Current Mailing Address:

7080 DONLON WAY
SUITE 200
DUBLIN, CA 94568

New Mailing Address:

FEI Number: 94-0401313 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MORRERO, PAULA C
12024 STOLL MEADOW DRIVE
CLERMONT, FL 34711 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

OFFICERS AND DIRECTORS:

Title: CHRM ( ) Delete
Name: VIEIRA, ALBERT
Address: 1962 LIBERTY STREET
City-St-Zip: SANTA CLARA, CA 95050

Title: VCHM ( ) Delete
Name: FURTADO, EDITE
Address: 201 COMMON STREET
City-St-Zip: QUINCY ARA, MA 02169

Title: P ( ) Delete
Name: SOUZA, FRANK X JR
Address: 4217 ST. ANDREWS STREET
City-St-Zip: STOCKTON, CA 95219

Title: EXV ( ) Delete
Name: MINHOTO, MANUEL A
Address: 7080 DONLON WAY, SUITE 200
City-St-Zip: DUBLIN, CA 94568

Title: S ( ) Delete
Name: SOARES, J. LARRY
Address: 7080 DONLON WAY, SUITE 200
City-St-Zip: DUBLIN, CA 94568

Title: T ( ) Delete
Name: DE MELO, DONALDA
Address: 7080 DONLON WAY, SUITE 200
City-St-Zip: DUBLIN, CA 94568

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
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL A. MINHOTO EXV 07/07/2008
Electronic Signature of Signing Officer or Director — Date