

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006620

FILED
Feb 28, 2011
Secretary of State

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:

PO BOX 2968
DUBLIN, CA 94568

New Mailing Address:

FEI Number: 94-0401313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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
Name: DIAS, JOHN M MR
Address: 7080 DONLON WAY, SUITE 200
City-St-Zip: DUBLIN, CA 94568

Title: VCHM
Name: MOREIRA, MICHELE M MS
Address: 7 HARTWELL AVE
City-St-Zip: LEXINGTON, MA 02420

Title: P
Name: FURTADO, EDITE MS
Address: 7 HARTWELL AVE
City-St-Zip: LEXINGTON, MA 02420

Title: EXV
Name: SOARES, LARRY J MR
Address: 7080 DONLON WAY, SUITE 200
City-St-Zip: DUBLIN, CA 94568

Title: S
Name: RESENDES, JOSEPH MR
Address: 7080 DONLON WAY, SUITE 200
City-St-Zip: DUBLIN, CA 94568

Title: ACCT
Name: FURTADO, HELDA M MRS
Address: 7080 DONLON WAY, SUITE 200
City-St-Zip: DUBLIN, CA 94568

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH RESENDES

S

02/28/2011

Electronic Signature of Signing Officer or Director

Date