2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# F93000005141

Entity Name: OXFORD LIFE INSURANCE COMPANY

Current Principal Place of Business:

2721 N. CENTRAL AVENUE
PHOENIX, AZ 850041120

New Principal Place of Business:

Current Mailing Address:

2721 N. CENTRAL AVENUE
PHOENIX, AZ 850041120

New Mailing Address:

FEI Number: 86-0216483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
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: D ( ) Delete
Name: BERG, JASON
Address: 2721 N CENTRAL AVENUE
City-St-Zip: PHOENIX, AZ 85004

Title: V ( ) Delete
Name: SMITH, DON C
Address: 2721 N. CENTRAL AVE
City-St-Zip: PHOENIX, AZ 85004

Title: AT ( ) Delete
Name: JOHNSON, MICHAEL
Address: 2721 NORTH CENTRAL AVE
City-St-Zip: PHOENIX, AZ 850041172

Title: PD ( ) Delete
Name: HAYDUKOVICH, MARK A
Address: 2721 N CENTRAL AVENUE
City-St-Zip: PHOENIX, AZ 85004

Title: D ( ) Delete
Name: WARDRIP, ROCKY D
Address: 2721 N CENTRAL AVE
City-St-Zip: PHOENIX, AZ 85004

Title: D ( ) Delete
Name: MARTIN, HENRY E.
Address: 2721 NORTH CENTRAL AVENUE
City-St-Zip: PHOENIX, AZ 85004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: JOHNSON, JAN M
Address: 2721 N. CENTRAL AVE
City-St-Zip: PHOENIX, AZ 85004

Title: T (X) Change ( ) Addition
Name: MILLER, CHARLES E
Address: 2721 NORTH CENTRAL AVE
City-St-Zip: PHOENIX, AZ 850041172

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: JAN M. JOHNSON S 06/24/2009

Electronic Signature of Signing Officer or Director — Date