2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2011
Secretary of State

DOCUMENT# L09000025853

Entity Name: TERM LIFE INSURANCE, LLC

Current Principal Place of Business:

206 SE 14TH AVE.
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

206 SE 14TH AVE.
OCALA, FL 34471

New Mailing Address:

FEI Number: 27-0234889 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RENAKER, MARK D
206 SE 14TH AVE.
OCALA, FL 34471 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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: RENAKER, MARK D
Address: 206 SE 14TH AVE.
City-St-Zip: OCALA, FL 34471

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: MARK D. RENAKER PRES 04/30/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date