2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001685

Entity Name: LIBERTY LIFE SECURITIES LLC

FILED Apr 06, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 100 LIBERTY WAY US **DOVER, NH 03820 Current Mailing Address: New Mailing Address:** 100 LIBERTY WAY DOVER, NH 03820 US FEI Number: 02-0507965 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: ADDITIONS/CHANGES: Title: (X) Change () Addition () Delete LANGWELL, DENNIS J Name: DILLON MARGARET Name: 175 BERKELEY STREET Address: 175 BERKELEY STREET Address: BOSTON, MA 02117 City-St-Zip: City-St-Zip: BOSTON, MA 02117 Title: MGR Title: (X) Change () Addition () Delete CORDRIN, JAMES PAUL III Name: CONDRIN, JAMES PAUL III Name: Address: 175 BERKELEY STREET Address: 175 BERKELEY STREET City-St-Zip: BOSTON, MA 02117 City-St-Zip: BOSTON, MA 02117 Title: MGR () Delete Title: MGR (X) Change () Addition FONTANES, ANTHONY A SENTLER, STEVEN M Name: Name: Address: 175 BERKELEY STREET Address: 175 BERKELEY STREET City-St-Zip: BOSTON, MA 02117 City-St-Zip: BOSTON, MA 02117 () Delete Title: MGR Title: MGR (X) Change () Addition MANSFIELD, CHRISTOPHER C Name: Name: O'CONNELL, WILLIAM J Address: 175 BERKELEY STREET Address: 175 BERKELEY STREET City-St-Zip: BOSTON, MA 02117 City-St-Zip: BOSTON, MA 02117 Title: MGR () Delete Title: () Change () Addition BATZA, STEPHEN N Name: Name: 100 LIBERTY WAY Address: Address: City-St-Zip: **DOVER, NH 03820** City-St-Zip: Title: () Delete Title: () Change (X) Addition TREECE, JOHN J Name: Name: Address: Address: 175 BERKELEY ST BOSTON, MA 02117 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 Statutes.

SIGNATURE: JOHN T. TREECE MGR 04/06/2006