
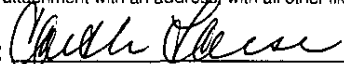


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03683 1. Entity Name ASSURED INVESTORS LIFE COMPANY						FILED 04 MAR -3 PM 3:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business % MARK YOUNG Sherrie Smith 3820 STATE STREET SANTA BARBARA, CA 93105				Mailing Address % MARK YOUNG Sherrie Smith 3820 STATE STREET SANTA BARBARA, CA 93105				
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country				
4. FEI Number 84-0592412				Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				
8. 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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLS, ROBERT <input type="checkbox"/> Delete 1005 W. ORANGEBURG MODESTO, CA 95350			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600029821916 03/03/04--01062--001 **17636.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS <input checked="" type="checkbox"/> Delete SILVER, RICHARD B 3820 STATE STREET SANTA BARBARA, CA 93105			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/ Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Caitlin M. Larsen 3820 State Street Santa Barbara, CA 93105			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete RIVAS, RAYMOND 1005 W. ORANGEBURG MODESTO, CA 95350			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.								
SIGNATURE: 				Caitlin M. Larsen Secretary				1-30-04 <small>Date</small>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>								