

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03968

FILED  
Jan 17, 2011  
Secretary of State

**Entity Name:** CONGRESS LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

6900 E. CAMELBACK RD  
#935  
SCOTTSDALE, AZ 85251 US

**New Principal Place of Business:**

7249 E CORONADO RD  
SCOTTSDALE, AZ 85257 US

**Current Mailing Address:**

PO BOX 10055  
SCOTTSDALE, AZ 85271 US

**New Mailing Address:**

FEI Number: 86-0200852      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

**OFFICERS AND DIRECTORS:**

Title: T  
Name: HUNTER, DAVID G  
Address: PO BOX 10055  
City-St-Zip: SCOTTSDALE, AZ 85271 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: D. GEOFFREY HUNTER

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

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01/17/2011

\_\_\_\_\_ Date