


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90335 037 ***150.00

DOCUMENT # P10388		
1. Entity Name IDEALIFE INSURANCE COMPANY		

Principal Place of Business 695 E. MAIN STREET D3 STAMFORD, CT 06901	Mailing Address XXXXXX PO BOX 900 STAMFORD, CT 06904
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2. Principal Place of Business 695 E. Main Street D3	3. Mailing Address 695 E. Main Street
Suite, Apt. #, etc. D3	Suite, Apt. #, etc. D3
City & State Stamford, CT 06901	City & State Stamford, CT 06901
Zip 06901	Country USA

04042006 Chg-P CR2E034 (11/05)

4. FEI Number 06-1053475	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P.O. BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V PERKINS, ANDREW M 695 E. MAIN STREET STAMFORD, CT 06901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SGC BELLO, CHRISTOPHER R 695 E. MAIN STREET STAMFORD, CT 06901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P WEST, THOMAS M 695 E. MAIN STREET STAMFORD, CT 06901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 exemptions contained 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 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:  Christopher R. Bello Secretary and V.P. 4/6/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #