2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2011
Secretary of State

DOCUMENT# P10388

Entity Name: IDEALIFE INSURANCE COMPANY

Current Principal Place of Business:

120 LONG RIDGE ROAD
D6
STAMFORD, CT 06902

New Principal Place of Business:

Current Mailing Address:

120 LONG RIDGE ROAD
D6
STAMFORD, CT 06902

New Mailing Address:

FEI Number: 06-1053475 **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: V
Name: PERKINS, ANDREW M
Address: 120 LONG RIDGE ROAD
City-St-Zip: STAMFORD, CT 06902

Title: SGC
Name: BELLO, CHRISTOPHER R
Address: 120 LONG RIDGE ROAD
City-St-Zip: STAMFORD, CT 06902

Title: T
Name: CONETTA, JOSEPH
Address: 120 LONG RIDGE ROAD
City-St-Zip: STAMFORD, CT 06902

Title: P
Name: STEVEN, MANNIK J
Address: 120 LONG RIDGE ROAD
City-St-Zip: STAMFORD, CT 06902

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: CHRSITOPHER R. BELLO S 03/22/2011

Electronic Signature of Signing Officer or Director — Date