


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 08:00 A
Secretary of State

DOCUMENT # P16675	
1. Entity Name TRANS-OCEANIC LIFE INSURANCE COMPANY	

Principal Place of Business P. O. BOX 363467 SAN JUAN, PR 00936-0467	Mailing Address P. O. BOX 363467 SAN JUAN, PR 00936-0467
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DO NOT WRITE IN THIS SPACE



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 66-0235829	Applied For <input type="checkbox"/> 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 FLORIDA INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE, FL 32399

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IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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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U000000624775
02/14/07-80049-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOUMA, NICOLAS PO BOX 363467 SAN JUAN PUERTO RICO,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VALLE, YAMIRRAH D COLINA DE PLATA 32 CAMINO DEL MONTE TOA ALTA, PR 00953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MENDIN, JORGE L VILLAS DE SAN FRANCISCO D-17 ST. RIO PIEDRAS PR,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 1/30/07	Daytime Phone # 787-620-2680
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