

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16675

FILED  
Mar 11, 2009  
Secretary of State

Entity Name: TRANS-OCEANIC LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

P. O. BOX 363467  
SAN JUAN, PR 009360467

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 363467  
SAN JUAN, PR 009360467

**New Mailing Address:**

FEI Number: 66-0235829

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE, FL 32399 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TOUMA, NICOLAS  
Address: PO BOX 363467  
City-St-Zip: SAN JUAN PUERTO RICO,

Title: T ( ) Delete  
Name: VALLE, YAMIRRAH D  
Address: COLINA DE PLATA 32 CAMINO DEL MONTE  
City-St-Zip: TOA ALTA, PR 00953

Title: S ( ) Delete  
Name: MENDIN, JORGE L  
Address: VILLAS DE SAN FRANCISCO D-17 ST.  
City-St-Zip: RIO PIEDRAS PR,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: YAMIRRAH D. VALLE RAMOS

T

03/11/2009

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

\_\_\_\_\_  
Date