

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16675

FILED
Feb 24, 2010
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:

P. O. BOX 363467
SAN JUAN, PR 00936

Current Mailing Address:

P. O. BOX 363467
SAN JUAN, PR 009360467

New Mailing Address:

P. O. BOX 363467
SAN JUAN, PR 00936

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
Name: TOUMA, NICOLAS
Address: PO BOX 363467
City-St-Zip: SAN JUAN PUERTO RICO, PR 00936

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

Title: S
Name: MENDIN, JORGE L
Address: VILLAS DE SAN FRANCISCO D-17 ST.
City-St-Zip: RIO PIEDRAS, PR 00921

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: YAMIRRAH D. VALLE

T

02/24/2010

Electronic Signature of Signing Officer or Director

Date