2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State
04-25-2008 90121 007 ***150.00

DOCUMENT # P30160

1. Entity Name
CARDIF LIFE INSURANCE COMPANY

40081570

Principal Place of Business	Mailing Address
14000 SW 119TH AVE SUITE 207 MIAMI, FL 33186 US	14000 SW 119TH AVE SUITE 207 MIAMI, FL 33186 US

04222008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	Post Office Box 77-0250
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Miami Florida
Zip / Country	Zip: 33177-0250 / Country

4. FEI Number: 37-0857191 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	Name: Michael J. Casale Street Address (P.O. Box Number is Not Acceptable): 14000 SW 119th Ave Suite 207 City: Miami FL Zip Code: 33186

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: Michael J. Casale 4-22-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COO CASALE, MICHAEL J 503 GEIGER CIRCLE KEY LARGO, FL 33037	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 14000 SW 119th ave Suite 207 Miami, Fl 33186
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSVP FURLOW, KENNETH W 9401 SW 146 ST MIAMI, FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 14000 SW 119th ave Suite 207 Miami, Fl 33186
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WIERMAN, JOHN K 806 SILVER ROSE COURT LAKE MARY, FL 32746	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCIO D Christopher Alfaras 14000 SW 119th ave Miami, Fl 33186 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCEO MILLOR, MANUAL J 151 PALOMA DRIVE CORAL GABLES, FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 14000 SW 119th Ave Suite 207 Miami Fl 33186
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MANNING, VINCENT G 1431 HOLLY RIDGE DRIVE KELLER, TX 76248	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 14000 SW 119th Ave Suite 207 Miami, Fl 33186
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT GINSBERG, MICHAEL D 14000 SW 119TH AVE SUITE 207 MIAMI, FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS Cynthia J. Starrett 14000 SW 119th Ave Suite 207 Miami, Fl 33186 ☐ Change ☒ 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: Michael Casale 4-22-08 305-234-1771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #