2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P30160

Entity Name: CARDIF LIFE INSURANCE COMPANY

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

14000 SW 119TH AVE 12485 SW 137TH AVE.

SUITE 207 SUITE 300 MIAMI, FL 33186 US MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 770250 MIAMI, FL 33177 US

FEI Number: 37-0857191 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CASALE, MICHAEL N
14000 SW 119TH AVE, STE. 207
MIAMI, FL 33186 US

CASALE, MICHAEL J
12485 SW 137TH AVE.
SUITE 300
MIAMI, FL 33186 US

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: MICHAEL J. CASALE 04/23/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 CASALE, MICHEAL J
 Name:
 CASALE, MICHAEL J

 Address:
 14000 SW 119TH AVE, STE. 207
 Address:
 12485 SW 137TH AVE., STE 300

City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

Title: VS () Delete Title: VS (X) Change () Addition Name: FURLOW, KENNETH W Name: FURLOW, KENNETH W

Address: 14000 SW 119TH AVE. STE. 207 Address: 12485 SW 137TH AVE., STE 300

City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

Only of 21p. 1911/1891, 1 E 35 166

 Title:
 VCIO () Delete
 Title:
 VCIO (X) Change () Addition

 Name:
 ALFARAS, CHRISTOPHER
 Name:
 ALFARAS, CHRISTOPHER

 Address:
 14000 SW 119TH AVE.
 Address:
 12485 SW 137TH AVE., STE 300

City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

Title: DCEO () Delete Title: DCEO (X) Change () Addition Name: MILLOR, MANUAL J Name: MILLOR, MANUEL J

Address: 1400 SW 119TH AVE., STE 300

City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

 $\label{eq:title: VD (X) Change () Addition} \begin{picture} Title: & VD & (X) Change () Addition \\ \end{picture}$

 Name:
 MANNING, VINCENT G
 Name:
 MANNING, VINCENT G

 Address:
 14000 SW 119TH AVE.
 Address:
 12485 SW 137TH AVE.. STE 300

dress: 14000 SW 1191H AVE., 51E 300

City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

Title: DVS () Delete Title: DVS (X) Change () Addition Name: STARRETT, CYNTHIA J

Address: 14000 SW 119TH AVE. STE. 207 Address: 12485 SW 137TH AVE., STE 300

City-St-Zip: MIAMI, FL 33186 US City-St-Zip: MIAMI, FL 33186 US

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: MICHAEL J. CASALE PD 04/23/2009

Electronic Signature of Signing Officer or Director

Date