

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P30160

FILED
Feb 17, 2012
Secretary of State

Entity Name: FINANCIAL AMERICAN LIFE INSURANCE COMPANY

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 77-0250
MIAMI, FL 33177 US

New Mailing Address:

FEI Number: 37-0857191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILLOR, MANUEL J
12485 SW 137TH AVE.
SUITE 300
MIAMI, FL 33186 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

OFFICERS AND DIRECTORS:

Title: CEO
Name: MILLOR, MANUEL J
Address: 12485 SW 137TH AVE., STE 300
City-St-Zip: MIAMI, FL 33186

Title: VPSD
Name: MARAKAS, DONNA J
Address: 12485 SW 137TH AVE., STE 300
City-St-Zip: MIAMI, FL 33186

Title: VPTD
Name: GINSBERG, MICHAEL D
Address: 12485 SW 137TH AVE., STE 300
City-St-Zip: MIAMI, FL 33186

Title: COB
Name: BECKER, EUGENE E
Address: 12485 SW 137TH AVE., STE 300
City-St-Zip: MIAMI, FL 33186

Title: VCOB
Name: MISHLER, MARK H
Address: 12485 SW 137TH AVE., STE 300
City-St-Zip: MIAMI, FL 33186

Title: SVP
Name: HARLEY, MICHELLE B
Address: 12485 SW 137TH AVE., STE 300
City-St-Zip: MIAMI, FL 33186 US

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: DONNA MARAKAS

VPS

02/17/2012

Electronic Signature of Signing Officer or Director

Date