

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 820053

Entity Name: FIRST INVESTORS LIFE INSURANCE COMPANY**Current Principal Place of Business:**40 WALL STREET 10TH FLOOR
NEW YORK, NY 10005**Current Mailing Address:**RARITAN PLAZA 1
P O BOX 7836
EDISON, NJ 08818**FEI Number:** 13-1968606**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KATZ, BRUCE
3450 LAKESIDE DR
STE 340
MIRAMAR, FL 33027-3234 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D,P
Name SPRINGSTEEN, CAROL E
Address RARITAN PLAZA 1 PO BOX 7836
City-State-Zip: EDISON NJ 08818

Title CHAIRMAN, DIRECTOR
Name LIPKUS, WILLIAM M
Address RARITAN PLAZA 1 PO BOX 7836
City-State-Zip: EDISON NJ 08818

Title V
Name MUELLER, GLEN D
Address RARITAN PLAZA 1 PO BOX 7836
City-State-Zip: EDISON NJ 08818

Title D, V
Name DRINKWATER, WILLIAM H
Address 40 WALL STREET 10TH FLOOR
City-State-Zip: NEW YORK NY 10005

Title V
Name FALCON, LAWRENCE M
Address RARITAN PLAZA 1 PO BOX 7836
City-State-Zip: EDISON NJ 08818

Title CFO, TREASURER
Name GANNON, FRANCIS X
Address RARITAN PLAZA 1
PO BOX 7836
City-State-Zip: EDISON NJ 08818

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: WILLIAM LIPKUS

CHAIRMAN

04/02/2015

Electronic Signature of Signing Officer/Director Detail

Date