

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814485

FILED
Apr 27, 2011
Secretary of State

Entity Name: O M FINANCIAL LIFE INSURANCE COMPANY

Current Principal Place of Business:

1001 FLEET STREET
6TH FLOOR
BALTIMORE, MD 21202 US

New Principal Place of Business:

Current Mailing Address:

1001 FLEET STREET
6TH FLOOR
BALTIMORE, MD 21202 US

New Mailing Address:

FEI Number: 52-6033321 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: DP
Name: LAUNER, LELAND C JR.
Address: 1001 FLEET STREET, 6TH FLOOR
City-St-Zip: BALTIMORE, MD 21202

Title: CFO
Name: WARD, BARRY G
Address: 1001 FLEET STREET, 7TH FLOOR
City-St-Zip: BALTIMORE, MD 21202

Title: SVP
Name: LUMBY, VICTOR
Address: 1001 FLEET STREET, 7TH FLOOR
City-St-Zip: BALTIMORE, MD 21202

Title: SVP
Name: KRISHNAN, RAJESH
Address: 1001 FLEET STREET, 6TH FLOOR
City-St-Zip: BALTIMORE, MD 21202

Title: SVP
Name: PHELPS, JOHN A II
Address: 1001 FLEET STREET, 6TH FLOOR
City-St-Zip: BALTIMORE, MD 21202

Title: SVPS
Name: MARHOUN, ERIC L
Address: 1001 FLEET STREET, 6TH FLOOR
City-St-Zip: BALTIMORE, MD 21202

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: JOHN ROONEY

AS

04/27/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date