



STATE OF RHODE ISLAND, AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No <b>141494</b>		2. Name of Corporation <b>Oppenheimer Life Agency, Ltd.</b>			
3. Street Address Principal Business Office <b>200 PARK AVENUE, 24TH FLOOR</b>			City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10166</b>
4. Business Phone No <b>(212) 907-4000</b>		5. State of Incorporation <b>NEW YORK</b>			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island <b>INSURANCE SERVICE</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>JOANN DOBSON</b>			Vice President Name		
Street Address <b>200 PARK AVENUE, 24TH FLOOR</b>			Street Address		
City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10166</b>	City	State	Zip
Secretary Name <b>DENNIS P. MCNAMARA</b>			Treasurer Name		
Street Address <b>125 BROAD STREET, 16TH FLOOR</b>			Street Address		
City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10004</b>	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>ALBERT G. LOWENTHAL</b>			Director Name <b>ELAINE K. ROBERTS</b>		
Street Address <b>125 BROAD STREET, 16TH FLOOR</b>			Street Address <b>125 BROAD STREET, 16TH FLOOR</b>		
City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10004</b>	City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10004</b>
Director Name <b>DENNIS P. MCNAMARA</b>			Director Name		
Street Address <b>125 BROAD STREET, 16TH FLOOR</b>			Street Address <b>MAILING ADDRESS</b>		
City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10004</b>	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
20,000 COMM \$1.00 PAR VALUE			1,000	COMMON	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\*141494\*

File Date	<b>1-13-05</b>
Check No.	<b>395-3029</b>
By:	<b>2</b>
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

**DENNIS P. MCNAMARA**

Print or Type Name of Officer

**SECRETARY**

Title of Officer

**01/05/05**  
Date