2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2012
Secretary of State

DOCUMENT# 837318

Entity Name: CENTURION LIFE INSURANCE COMPANY

Current Principal Place of Business:

800 WALNUT STREET
DES MOINES, IA 50309

New Principal Place of Business:

Current Mailing Address:

800 WALNUT STREET
DES MOINES, IA 50309

New Mailing Address:

800 WALNUT STREET
DES MOINES, IA 503093636

FEI Number: 42-0813782 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLEMAN, LYNETTE
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PD
Name: ZICKERT, RON
Address: 600 HIGHWAY 169 S 12TH FLOOR
City-St-Zip: ST. LOUIS PARK, MN 554261205

Title: S
Name: MACK, BETH E
Address: 800 WALNUT STREET
City-St-Zip: DES MOINES, IA 503093636

Title: TVD
Name: ERICKSON, JAY P
Address: 800 WALNUT ST
City-St-Zip: DES MOINES, IA 503093636

Title: VD
Name: GOBBERDIEL, DAVID
Address: 800 WALNUT STREET
City-St-Zip: DES MOINES, IA 503093636

Title: VD
Name: FEHRER, JUSTIN J
Address: 800 WALNUT STREET
City-St-Zip: DES MOINES, IA 503093636

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: JUSTIN FEHRER VD 01/09/2012

Electronic Signature of Signing Officer or Director — Date