## **2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 830697** 

Entity Name: U.S. FINANCIAL LIFE INSURANCE COMPANY

**Current Principal Place of Business:** 

8601 NORTH SCOTTSDALE ROAD

SUITE 300

SCOTTSDALE, AZ 85253

**Current Mailing Address:** 

227 WEST MONROE STREET

**SUITE 3775** 

CHICAGO, IL 60606 US

FEI Number: 38-2046096 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES ST

TALLAHASSEE, FL 32399-0000 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: NOT REQUIRED 04/27/2023

Electronic Signature of Registered Agent

Date

**FILED** Apr 27, 2023

**Secretary of State** 

1010451535CC

Officer/Director Detail:

Name

Address

**PRESIDENT** Title Title CFO, TREASURER Name DEFEO. ROBERT M. Name TURNER, DANIEL J.

Address 227 WEST MONROE STREET Address 227 WEST MONROE STREET

> **SUITE 3775 SUITE 3775**

CHICAGO IL 60606 CHICAGO IL 60606 City-State-Zip: City-State-Zip:

Title SENIOR VICE PRESIDENT Title SENIOR VICE PRESIDENT SHROPSHIRE, PATRICK MCPHERSON, PETER Name Name

227 WEST MONROE STREET 227 WEST MONROE STREET Address Address **SUITE 3775** 

**SUITE 3775** 

CHICAGO IL 60606 City-State-Zip: CHICAGO IL 60606 City-State-Zip:

SENIOR VICE PRESIDENT. Title Title SECRETARY, GENERAL COUNSEL

> CONTROLLER Name KALLAS, JAY A. LASWELL, LYNN

227 WEST MONROE STREET Address Address

227 WEST MONROE STREET **SUITE 3775 SUITE 3775** 

City-State-Zip: CHICAGO IL 60606 City-State-Zip: CHICAGO IL 60606

Title **DIRECTOR** Title DIRECTOR

Name TURNER, DANIEL J. Name DEFEO, ROBERT M.

227 WEST MONROE STREET Address

227 WEST MONROE STREET **SUITE 3775** 

**SUITE 3775** 

City-State-Zip: CHICAGO IL 60606 CHICAGO IL 60606 City-State-Zip:

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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.

04/27/2023 SIGNATURE: ROBERT M. DEFEO PRESIDENT

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name GOLDICH, GEOFFREY S.

Address 227 WEST MONROE STREET

**SUITE 3775** 

City-State-Zip: CHICAGO IL 60606

Title DIRECTOR

Name WHITE, JR., JOE H.

Address 227 WEST MONROE STREET

**SUITE 3775** 

City-State-Zip: CHICAGO IL 60606

Title DIRECTOR

Name CULLEN, DENNIS A.

Address 227 WEST MONROE STREET

**SUITE 3775** 

City-State-Zip: CHICAGO IL 60606