2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 837318

Entity Name: CENTURION LIFE INSURANCE COMPANY

Current Principal Place of Business:

800 WALNUT STREET
DES MOINES, IA 50309

Current Mailing Address:

800 WALNUT STREET
DES MOINES, IA 50309-3636

FEI Number: 42-0813782

FILED
Mar 27, 2020
Secretary of State
6305345676CC

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REYNOLDS, JEANINE
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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: JEANINE REYNOLDS 03/27/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	SECRETARY
Name	MACK, BETH
Address	800 WALNUT STREET
City-State-Zip:	DES MOINES IA 50309-3636

Title	TREASURER, VP, DIRECTOR
Name	MILLER, BRUCE
Address	800 WALNUT STREET
City-State-Zip:	DES MOINES IA 50309

Title	DIRECTOR, VP
Name	HOLCK, ALAN
Address	800 WALNUT STREET
City-State-Zip:	DES MOINES IA 50309

Title	ASSISTANT SECRETARY
Name	MCCOMBS, DEBRA
Address	800 WALNUT STREET
City-State-Zip:	DES MOINES IA 50309

Title	PRESIDENT, DIRECTOR
Name	LIVINGSTON, CHRIS
Address	800 WALNUT STREET
City-State-Zip:	DES MOINES IA 50309

Title	DIRECTOR, VP
Name	FINK, JEFFREY
Address	800 WALNUT STREET
City-State-Zip:	DES MOINES IA 50309

Title	DIRECTOR
Name	KALOKOH, SUPHIAN
Address	800 WALNUT STREET
City-State-Zip:	DES MOINES IA 50309

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: DEBRA MCCOMBS ASSISTANT SECRETARY 03/27/2020

Electronic Signature of Signing Officer/Director Detail — Date