

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 844117

**FILED**  
**Apr 21, 2016**  
**Secretary of State**  
**CC3392855131**

**Entity Name:** STERLING LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

525 W. MONROE STREET  
CHICAGO, IL 60661

**Current Mailing Address:**

525 W. MONROE STREET  
CHICAGO, IL 60661 US

**FEI Number:** 13-1867829

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** ANGEL NUNUZ

04/21/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ASST. SECRETARY  
Name EASTERLING, PAULA  
Address 525 W. MONROE STREET  
City-State-Zip: CHICAGO IL 60661

Title PRESIDENT AND DIRECTOR  
Name EVANKO, BRIAN  
Address 525 W. MONROE STREET  
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR  
Name GOLIAS, THOMAS  
Address 525 W. MONROE STREET  
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR  
Name MCCAULEY, PETER  
Address 525 W. MONROE STREET  
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR  
Name PALMER, ERIC  
Address 525 W. MONROE STREET  
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR  
Name PHILLIPS, MICHAEL  
Address 525 W. MONROE STREET  
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR  
Name SATALINE, FRANK JR.  
Address 525 W. MONROE STREET  
City-State-Zip: CHICAGO IL 60661

Title TREASURER  
Name LAMBERT, SCOTT  
Address 525 W. MONROE STREET  
City-State-Zip: CHICAGO IL 60661

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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.*

**SIGNATURE:** ANNA KRISHTUL

**SECRETARY**

04/21/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY

Name KRISHTUL, ANNA

Address 525 W. MONROE STREET

City-State-Zip: CHICAGO IL 60661