## **2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 844117** 

**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 06/09/2020

Electronic Signature of Registered Agent

Date

**FILED** Jun 09, 2020

**Secretary of State** 

1246759277CC

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

EVANKO, BRIAN Name Name JONES, STEPHEN

525 W. MONROE STREET 525 W. MONROE STREET Address Address

City-State-Zip: CHICAGO IL 60661 CHICAGO IL 60661 City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name MCCAULEY, PETER Name MARSELLA, BRIAN

Address 525 W. MONROE STREET Address 525 W. MONROE STREET

CHICAGO IL 60661 City-State-Zip: City-State-Zip: CHICAGO IL 60661

Title DIRECTOR Title **DIRECTOR** 

Name ROZOVICS, SHANNON Name MCGROARTY, RYAN Address 525 W. MONROE STREET

525 W. MONROE STREET Address

City-State-Zip: CHICAGO IL 60661 CHICAGO IL 60661 City-State-Zip:

Title **PRESIDENT** Title DIRECTOR

Name JONES, STEPHEN SATALINE, JR., FRANK Name

525 W. MONROE STREET Address 525 W. MONROE STREET Address

City-State-Zip: CHICAGO IL 60661 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.

06/09/2020 SIGNATURE: SCOTT LAMBERT **TREASURER** 

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

 Title
 VICE PRESIDENT
 Title
 VICE PRESIDENT

 Name
 BUESCHER, BYRON
 Name
 BULAT, TIMOTHY

Address 525 W. MONROE STREET Address 525 W. MONROE STREET

City-State-Zip: CHICAGO IL 60661 City-State-Zip: CHICAGO IL 60661

TitleVICE PRESIDENTTitleVICE PRESIDENTNameCOLLINS, PETERNameFLEMING, MARK

Address 525 W. MONROE STREET Address 525 W. MONROE STREET

City-State-Zip: CHICAGO IL 60661 City-State-Zip: CHICAGO IL 60661

TitleVICE PRESIDENTTitleVICE PRESIDENTNameHART, JOANNENameLABONTE, TRACY

Address 525 W. MONROE STREET Address 525 W. MONROE STREET

City-State-Zip: CHICAGO IL 60661 City-State-Zip: CHICAGO IL 60661

TitleVICE PRESIDENTTitleTREASURERNameO'NEIL, KATHLEENNameLAMBERT, SCOTT

Address 525 W. MONROE STREET Address 525 W. MONROE STREET

City-State-Zip: CHICAGO IL 60661 City-State-Zip: CHICAGO IL 60661