2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 844117

Entity Name: STERLING LIFE INSURANCE COMPANY

Current Principal Place of Business:

2219 RIMLAND DRIVE BELLINGHAM, WA 98226

Current Mailing Address:

8735 HENDERSON ROAD TAMPA. FL 33634 US

FEI Number: 13-1867829 Certificate of Status Desired: Yes

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:

Date Electronic Signature of Registered Agent

Title

Name

Address

City-State-Zip:

Officer/Director Detail :

Title ASST. SECRETARY Title DIRECTOR BODWAY, CRAIG FRANK, PAUL Name Name

2219 RIMLAND DRIVE Address Address 29 NORTH WACKER DRIVE

SUITE 300

DIRECTOR

SUITE 300

CHICAGO IL 60606

REYNOLDS, DAVID T

29 NORTH WACKER DRIVE

Date

FILED Apr 22, 2014

Secretary of State

CC7249708661

BELLINGHAM WA 98226 City-State-Zip: City-State-Zip: CHICAGO IL 60606

Title DIRECTOR, CHIEF ACCTG OFFICER,

ASST T

Name HILLIARD, ROBERT LM DR. HEBERT, MAURICE S Name 29 NORTH WACKER DRIVE 8735 HENDERSON ROAD Address Address

City-State-Zip: TAMPA FL 33634

Title DIRECTOR, SECRETARY Title **DIRECTOR**

Name IGLESIAS, LISA G

Address 8735 HENDERSON ROAD

City-State-Zip: TAMPA FL 33634

Title DIRECTOR, PRESIDENT, CFO, T

Name TRAN, THOMAS L

8735 HENDERSON ROAD Address

City-State-Zip: TAMPA FL 33634 SUITE 300

City-State-Zip: CHICAGO IL 60606

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.

04/22/2014 SIGNATURE: LISA G IGLESIAS SECRETARY

Electronic Signature of Signing Officer/Director Detail