2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001378

Entity Name: MOTORISTS LIFE INSURANCE COMPANY

Intity Name: MOTORISTS LIFE INSURANCE COMPA

Current Principal Place of Business:

471 EAST BROAD STREET COLUMBUS. OH 43215

Current Mailing Address:

471 EAST BROAD STREET COLUMBUS, OH 43215

FEI Number: 31-0717055 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 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:

Electronic Signature of Registered Agent

Date

FILED Apr 25, 2014

Secretary of State

CC7072498728

Officer/Director Detail:

Title S,D Title T,D

Name HAACK, SUSAN E Name WISEMAN, MICHAEL L
Address 471 EAST BROAD STREET Address 471 EAST BROAD STREET

City-State-Zip: COLUMBUS OH 43215 City-State-Zip: COLUMBUS OH 43215

Title P, D

Name KAUFMAN, DAVID L

Address 471 EAST BROAD STREET
City-State-Zip: COLUMBUS OH 43215

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: MICHAEL L WISEMAN

TREASURER

04/25/2014