

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000004199

Entity Name: CLEAR SPRING LIFE INSURANCE COMPANY

Current Principal Place of Business:

211 EAST 7TH STREET, SUITE 620
AUSTIN, TX 78701

Current Mailing Address:

401 PENNSYLVANIA PKWY SUITE 300
INDIANAPOLIS, IN 46280

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E GAINES ST
BOX 6200
TALLAHASSEE, FL 32399 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

Officer/Director Detail :

Title DIRECTOR
Name CACCIAPAGLIA, DONALD C.
Address 330 MADISON AVE 10TH FLOOR
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR
Name LANGE, JEFFREY S.
Address 330 MADISON AVE 10TH FLOOR
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR
Name LONGORIA, ALEJANDRO
Address 227 W MONROE ST SUITE 4900
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name KORMAN, DAVID L.
Address 227 W MONROE ST SUITE 4900
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR, PRESIDENT, CEO
Name TOWRISS, DAVID J.
Address 227 W MONROE ST SUITE 4900
City-State-Zip: CHICAGO IL 60606

Title SECRETARY
Name COONS, STEPHEN M.
Address 401 PENNSYLVANIA PKWY SUITE 300
City-State-Zip: INDIANAPOLIS IN 46280

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: STEPHEN M. COONS

SECRETARY

04/28/2017

Electronic Signature of Signing Officer/Director Detail

Date