

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000004199

**Entity Name:** CLEAR SPRING LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

10555 GROUP 1001 WAY  
ZIONSVILLE, IN 46077

**Current Mailing Address:**

10555 GROUP 1001 WAY  
ZIONSVILLE, IN 46077 US

**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 SAMS, JR., DAVID E.  
Address 401 PENNSYLVANIA PARKWAY  
SUITE 300  
City-State-Zip: INDIANAPOLIS IL 46280

Title DIRECTOR  
Name CULLEN, DENNIS A.  
Address 227 WEST MONROE STREET  
SUITE 4900  
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR, PRESIDENT, CEO  
Name TOWRISS, DANIEL J.  
Address 401 PENNSYLVANIA PARKWAY  
SUITE 300  
City-State-Zip: INDIANAPOLIS IN 46280

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

Title DIRECTOR  
Name PURVIS, JAMES D.  
Address 401 PENNSYLVANIA PARKWAY  
SUITE 300  
City-State-Zip: INDIANAPOLIS IN 46280

Title TREASURER, CONTROLLER  
Name NETTLETON, ELLYN M.  
Address 401 PENNSYLVANIA PARKWAY  
SUITE 300  
City-State-Zip: INDIANAPOLIS IN 46280

Title DIRECTOR  
Name STEGER, CURTIS P.  
Address 401 PENNSYLVANIA PARKWAY  
SUITE 300  
City-State-Zip: INDIANAPOLIS IN 46280

Title COO  
Name STANTON, ROBERT B.  
Address 401 PENNSYLVANIA PARKWAY  
SUITE 300  
City-State-Zip: INDIANAPOLIS FL 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**

**04/29/2022**

Electronic Signature of Signing Officer/Director Detail

Date