

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000004199

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

**Current Principal Place of Business:**

401 PENNSYLVANIA PARKWAY  
SUITE 300  
INDIANAPOLIS, IN 46280

**FILED**  
**Apr 29, 2019**  
**Secretary of State**  
**6072205464CC**

**Current Mailing Address:**

401 PENNSYLVANIA PARKWAY  
SUITE 300  
INDIANAPOLIS, IN 46280 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 CLOUD, RYAN T.  
Address 227 WEST MONROE STREET  
SUITE 4900  
City-State-Zip: CHICAGO IL 60606

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

Title DIRECTOR  
Name KORMAN, DAVID L.  
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, COO  
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

*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**

**04/29/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date