## **2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P33667

**Entity Name: SEARS LIFE INSURANCE COMPANY** 

**Current Principal Place of Business:** 

3001 MEACHAM BOULEVARD

SUITE 100

FT. WORTH, TX 76137

**Current Mailing Address:** 

3001 MEACHAM BOULEVARD

SUITE 100

FT. WORTH, TX 76137

FEI Number: 36-3742955 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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: MICHAEL JONES 04/02/2013

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PΠ Title SSVD

CARSON, DAVA S LEHMAN, GREGG H Name Name

Address 3001 MEACHAM BLVD., STE. 100 Address 3001 MEACHAM BOULEVARD, STE

City-State-Zip: FORT WORTH TX 76137 FORT WORTH TX 76137 City-State-Zip:

Title TD

Title SV LARKIN, PAULA D Name Name

MCCORMICK, CAROLYN SUE Address 3001 MEACHAM BOULEVARD, STE 3001 MEACHAM BOULEVARD, STE Address

100

City-State-Zip: FORT WORTH TX 76137 FORT WORTH TX 76137 City-State-Zip:

Title SVP

Title SVD Name KOPPEN, MICHAEL F

Name SLETTEN, MICHAEL W Address 3001 MEACHAM BOULEVARD, STE

Address 3001 MEACHAM BOULEVARD

SUITE 100 FORT WORTH TX 76137

City-State-Zip: FT. WORTH TX 76137 City-State-Zip:

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: GREGG H. LEHMAN

**SECRETARY** 

04/02/2013

**FILED** Apr 02, 2013

**Secretary of State** 

CC2544095722

Date