2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2011
Secretary of State

DOCUMENT# 813923

Entity Name: FEDERATED LIFE INSURANCE COMPANY

Current Principal Place of Business:

121 EAST PARK SQUARE
OWATONNA, MN 55060

New Principal Place of Business:

Current Mailing Address:

121 EAST PARK SQUARE
OWATONNA, MN 55060

New Mailing Address:

FEI Number: 41-6022443 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: REICHERT, DONALD
Address: PO BOX 1843
City-St-Zip: WENATCHEE, WA 98801

Title: PD
Name: FETTERS, JEFFREY
Address: 121 EAST PARK SQUARE
City-St-Zip: OWATONNA, MN 55060

Title: DTS
Name: MEILAHN, JAIRUS EDWARD
Address: 795 RIVERWOOD DR.
City-St-Zip: OWATONNA, MN

Title: DC
Name: ANNEXSTAD, AL
Address: 121 EAST PARK SQUARE
City-St-Zip: OWATONNA, MN 55060

Title: DV
Name: BUXTON, SARAH L
Address: 5092 ST PAUL RD
City-St-Zip: OWATONNA, MN 55060

Title: CFO
Name: STROIK, GREGORY J
Address: 121 EAST PARK SQUARE
City-St-Zip: OWATONNA, MN 55060

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: GREGORY J STROIK CFO 03/21/2011

Electronic Signature of Signing Officer or Director — Date