

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825651

FILED
Apr 18, 2011
Secretary of State

Entity Name: ASSURITY LIFE INSURANCE COMPANY

Current Principal Place of Business:

1526 K STREET
LINCOLN, NE 68508 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 82533
LINCOLN, NE 685012533 US

New Mailing Address:

FEI Number: 38-1843471

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: P
Name: HENNING, THOMAS
Address: 1526 K STREET
City-St-Zip: LINCOLN, NE 68508

Title: TVP
Name: EHLY, MARVIN P
Address: 1526 'K' STREET
City-St-Zip: LINCOLN, NE 68508

Title: S
Name: WATSON, CAROL
Address: 1526 'K' STREET
City-St-Zip: LINCOLN, NE 68508

Title: SVP
Name: REIMERS, TODD
Address: 1526 'K' ST
City-St-Zip: LINCOLN, NE 68508

Title: SVP
Name: KEISLER-MUNRO, SUSIE
Address: 1526 'K' ST
City-St-Zip: LINCOLN, NE 68508

Title: SVP
Name: WALLMAN, DAVID T
Address: 1526 'K' ST
City-St-Zip: LINCOLN, NE 68508

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: MARVIN P EHLY

TVP

04/18/2011

Electronic Signature of Signing Officer or Director

Date