

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004065

FILED  
Mar 06, 2007  
Secretary of State

Entity Name: SETTLERS LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

2 EAST GILMAN STREET  
MADISON, WI 537011031

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1031  
MADISON, WI 537011031

**New Mailing Address:**

FEI Number: 47-0648948      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P/C ( ) Delete  
Name: LARSON, JOHN D  
Address: 2 EAST GILMAN STREET  
City-St-Zip: MADISON, WI 537011031

Title: V/T ( ) Delete  
Name: MUCCI, ROBERT A  
Address: 2 EAST GILMAN STREET  
City-St-Zip: MADISON, WI 537011031

Title: V ( ) Delete  
Name: SOLVERUD, MARK L  
Address: 2 EAST GILMAN STREET  
City-St-Zip: MADISON, WI 537011031

Title: S ( ) Delete  
Name: KLICZAK, SHERRI A  
Address: 2 EAST GILMAN STREET  
City-St-Zip: MADISON, WI 537011031

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C (X) Change ( ) Addition  
Name: LARSON, JOHN D  
Address: 2 EAST GILMAN STREET  
City-St-Zip: MADISON, WI 537011031

Title: P (X) Change ( ) Addition  
Name: LOWE, MICHAEL W  
Address: 1969 LEE HIGHWAY  
City-St-Zip: BRISTOL, VA 24201 US

Title: V/T (X) Change ( ) Addition  
Name: MUCCI, ROBERT A  
Address: 2 EAST GILMAN STREET  
City-St-Zip: MADISON, WI 537011031 US

Title: V (X) Change ( ) Addition  
Name: SOLVERUD, MARK L  
Address: 2 EAST GILMAN STREET  
City-St-Zip: MADISON, WI 537011031 US

Title: S ( ) Change (X) Addition  
Name: KLICZAK, SHERRI A  
Address: 2 EAST GILMAN STREET  
City-St-Zip: MADISON, WI 537011031 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DIANE M. FRALEY

OFF

03/06/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date