

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004065

FILED  
Feb 27, 2008  
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:

2 EAST GILMAN STREET  
MADISON, WI 53703 US

## Current Mailing Address:

P.O. BOX 1031  
MADISON, WI 537011031

## New Mailing Address:

P.O. BOX 1031  
MADISON, WI 537011031 US

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

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

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

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

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

## 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 53703 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V/T (X) Change ( ) Addition  
Name: MUCCI, ROBERT A  
Address: 2 EAST GILMAN STREET  
City-St-Zip: MADISON, WI 53703 US

Title: V (X) Change ( ) Addition  
Name: SOLVERUD, MARK L  
Address: 2 EAST GILMAN STREET  
City-St-Zip: MADISON, WI 53703 US

Title: S (X) Change ( ) Addition  
Name: KLICZAK, SHERRI A  
Address: 2 EAST GILMAN STREET  
City-St-Zip: MADISON, WI 53703 US

I hereby certify that the information supplied with this filing does not qualify 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

02/27/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date