

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004065

FILED
Feb 17, 2011
Secretary of State

Entity Name: SETTLERS LIFE INSURANCE COMPANY

Current Principal Place of Business:

2 EAST GILMAN STREET
MADISON, WI 53703 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1031
MADISON, WI 537011031 US

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

OFFICERS AND DIRECTORS:

Title: CEO
Name: LARSON, JOHN D
Address: 2 EAST GILMAN STREET
City-St-Zip: MADISON, WI 53703 US

Title: PRES
Name: LOWE, MICHAEL W
Address: 1969 LEE HIGHWAY
City-St-Zip: BRISTOL, VA 24201 US

Title: VP/T
Name: MUCCI, ROBERT A
Address: 2 EAST GILMAN STREET
City-St-Zip: MADISON, WI 53703 US

Title: VP
Name: SOLVERUD, MARK L
Address: 2 EAST GILMAN STREET
City-St-Zip: MADISON, WI 53703 US

Title: SEC
Name: KLICZAK, SHERRI A
Address: 2 EAST GILMAN STREET
City-St-Zip: MADISON, WI 53703 US

Title: CFO
Name: HOGAN, BRIAN J
Address: 2 EAST GILMAN STREET
City-St-Zip: MADISON, WI 53703 US

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: BRIAN J HOGAN

CFO

02/17/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date