2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004065

Entity Name: SETTLERS LIFE INSURANCE COMPANY

FILED Feb 10, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2 EAST GILMAN STREET MADISON, WI 53703 US

Current Mailing Address: New Mailing Address:

P.O. BOX 1031 P.O. BOX 1191

MADISON, WI 537011031 US MADISON, WI 537011191 US

FEI Number: 47-0648948 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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 02/10/2012