2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2016
Secretary of State
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Entity Name: 4 EVER LIFE INSURANCE COMPANY

Current Principal Place of Business:

2 MID AMERICA PLAZA, SUITE 200
OAKBROOK TERRACE, IL 60181

Current Mailing Address:

2 MID AMERICA PLAZA, SUITE 200
OAKBROOK TERRACE, IL 60181 US

FEI Number: 36-2149353

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399-0000 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

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR
Name	BEACHAM, SCOTT
Address	2 MID AMERICA PLAZA, SUITE 200
City-State-Zip:	OAKBROOK TERRACE IL 60181

Title	TREASURER, DIRECTOR
Name	PICKAR, SUSAN A.
Address	2 MID AMERICA PLAZA, SUITE 200
City-State-Zip:	OAKBROOK TERRACE IL 60181

Title	DIRECTOR
Name	JACOBS, DAVID J.
Address	2 MID AMERICA PLAZA, SUITE 200
City-State-Zip:	OAKBROOK TERRACE IL 60181

Title	SECRETARY, DIRECTOR
Name	HACKETT, TERRY M.
Address	2 MID AMERICA PLAZA, SUITE 200
City-State-Zip:	OAKBROOK TERRACE IL 60181

Title	DIRECTOR
Name	COSTELLO, PETER
Address	2 MID AMERICA PLAZA, SUITE 200
City-State-Zip:	OAKBROOK TERRACE IL 60181

Title	DIRECTOR
Name	MARTIN, STEVEN S.
Address	2 MID AMERICA PLAZA, SUITE 200
City-State-Zip:	OAKBROOK TERRACE IL 60181

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: TERRY M. HACKETT SECRETARY 03/29/2016

Electronic Signature of Signing Officer/Director Detail — Date