2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2025
Secretary of State
3793642794CC

DOCUMENT# 812265

Entity Name: EVERLAKE LIFE INSURANCE COMPANY

Current Principal Place of Business:

3100 SANDERS ROAD
SUITE 303
NORTHBROOK, IL 60062

Current Mailing Address:

3100 SANDERS ROAD
SUITE 303
NORTHBROOK, IL 60062 US

FEI Number: 36-2554642

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	SECRETARY	Title	ACTUARY
Name	FONTANA, ANGELA K	Name	YANG, YIPING
Address	3100 SANDERS RD SUITE 303	Address	3100 SANDERS ROAD SUITE 303
City-State-Zip:	NORTHBROOK IL 60062	City-State-Zip:	NORTHBROOK IL 60062
Title	CFO	Title	CEO
Name	JOHNSON, TED	Name	LARGEY, TYLER
Address	3100 SANDERS ROAD SUITE 303	Address	3100 SANDERS ROAD SUITE 303
City-State-Zip:	NORTHBROOK IL 60062	City-State-Zip:	NORTHBROOK IL 60062
Title	DIRECTOR	Title	DIRECTOR
Name	LARGEY, TYLER	Name	FONTANA, ANGELA KAY
Address	3100 SANDERS ROAD SUITE 303	Address	3100 SANDERS ROAD SUITE 303
City-State-Zip:	NORTHBROOK IL 60062	City-State-Zip:	NORTHBROOK IL 60062
Title	DIRECTOR	Title	DIRECTOR
Name	HARRIS, LAURIE	Name	WASGATT, BONNIE
Address	3100 SANDERS ROAD SUITE 303	Address	3100 SANDERS ROAD SUITE 303
City-State-Zip:	NORTHBROOK IL 60062	City-State-Zip:	NORTHBROOK IL 60062

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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: ALMA LOPEZ — AUTHORIZED REPRESENTATIVE — 04/16/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	VOSS, SUSAN
Address	3100 SANDERS ROAD SUITE 303
City-State-Zip:	NORTHBROOK IL 60062

Title	DIRECTOR
Name	JOHNSON, TED
Address	3100 SANDERS ROAD SUITE 303
City-State-Zip:	NORTHBROOK IL 60062

Title	AUTHORIZED REPRESENTATIVE
Name	LOPEZ, ALMA
Address	3100 SANDERS ROAD SUITE 303
City-State-Zip:	NORTHBROOK IL 60062