

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 813923

Entity Name: FEDERATED LIFE INSURANCE COMPANY**Current Principal Place of Business:**121 EAST PARK SQUARE
OWATONNA, MN 55060**Current Mailing Address:**121 EAST PARK SQUARE
OWATONNA, MN 55060**FEI Number:** 41-6022443**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 D
Name LIPSCOMB, JAMES III
Address 160 BAYOU ROAD
City-State-Zip: GREENVILLE MS 38701

Title CFO, DIRECTOR, OFFICER
Name KELLER, MICHAEL
Address 121 E PARK SQUARE
City-State-Zip: OWATONNA MN

Title DIRECTOR
Name FRAME, DAVID II
Address 121 EAST PARK SQUARE
City-State-Zip: OWATONNA MN 55060

Title DIRECTOR
Name GIESLER, JAMES
Address 121 EAST PARK SQUARE
City-State-Zip: OWATONNA MN 55060

Title CEO, DIRECTOR
Name FETTERS, JEFFREY
Address 121 EAST PARK SQUARE
City-State-Zip: OWATONNA MN 55060

Title PRESIDENT, DIRECTOR
Name KERR, MICHAEL
Address 121 EAST PARK SQUARE
City-State-Zip: OWATONNA MN 55060

Title DIRECTOR
Name KILLEBREW, LESTER
Address 121 EAST PARK SQUARE
City-State-Zip: OWATONNA MN 55060

Title OFFICER
Name THON, JAMES
Address 121 EAST PARK SQUARE
City-State-Zip: OWATONNA MN 55060

Continues on page 2

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: MICHAEL KELLER**CFO****06/08/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name LOWER, NICHOLAS
Address 121 EAST PARK SQUARE
City-State-Zip: OWATONNA MN 55060

Title DIRECTOR
Name PERSON, SARAH
Address 121 EAST PARK SQUARE
City-State-Zip: OWATONNA MN 55060

Title DIRECTOR
Name NOBBE, THOMAS
Address 121 EAST PARK SQUARE
City-State-Zip: OWATONNA MN 55060

Title OFFICER
Name PICK, SEAN
Address 121 EAST PARK SQUARE
City-State-Zip: OWATONNA MN 55060

Title DIRECTOR
Name ADCOX, DAVID
Address 121 EAST PARK SQUARE
City-State-Zip: OWATONNA MN 55060

Title DIRECTOR
Name MILLER, DARLENE
Address 121 EAST PARK SQUARE
City-State-Zip: OWATONNA MN 55060

Title OFFICER
Name HEYNE, MARK
Address 121 EAST PARK SQUARE
City-State-Zip: OWATONNA MN 55060