

2017 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 PO BOX 1843
City-State-Zip: WENATCHEE WA 98801

Title DS, CFO
Name DROHER, PAUL
Address 121 E PARK SQUARE
City-State-Zip: OWATONNA MN

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

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

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

Title OFFICER
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

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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: PAUL DROHER**CFO****01/19/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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