

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 822005

**Entity Name:** RESOURCE LIFE INSURANCE COMPANY**Current Principal Place of Business:**111 E WACKER DRIVE  
SUITE 2100  
CHICAGO, IL 60601**Current Mailing Address:**11825 N PENNSYLVANIA STREET  
CARMEL, IN 46032 US**FEI Number:** 47-0482911**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
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 P D  
Name GOLDBERG, SCOTT L  
Address 111 E WACKER DRIVE  
SUITE 2100  
City-State-Zip: CHICAGO IL 60601Title EVP, CFO, D  
Name MCDONOUGH, PAUL H  
Address 111 E WACKER DRIVE  
SUITE 2100  
City-State-Zip: CHICAGO IL 60601Title EVP  
Name JOHNSON, ERIC R  
Address 11825 N PENNSYLVANIA STREET  
City-State-Zip: CARMEL IN 46032Title SVP, SECRETARY  
Name SPEHLER, RACHEL J  
Address 11825 N PENNSYLVANIA STREET  
City-State-Zip: CARMEL IN 46032

*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:** RACHEL J SPEHLER**SECRETARY****04/28/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date