2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2013
Secretary of State
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Entity Name: BENEFICIAL LIFE INSURANCE COMPANY

Current Principal Place of Business:

55 NORTH 300 WEST
SUITE 375
SALT LAKE CITY, UT 84101

Current Mailing Address:

PO BOX 45654
SALT LAKE CITY, UT 84145-0654 US

FEI Number: 87-0115120

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	CEOD
Name	BROWN, THOMAS KIRBY JR
Address	55 NORTH 300 WEST, SUITE 800
City-State-Zip:	SALT LAKE CITY UT 84180

Title	CFOT
Name	HANCOCK, DOUGLAS R
Address	55 NORTH 300 WEST, SUITE 375
City-State-Zip:	SALT LAKE CITY UT 84101

Title	VP
Name	VANCE, SETH W
Address	55 NORTH 300 WEST, SUITE 800
City-State-Zip:	SALT LAKE CITY UT 84180

Title	VPS
Name	PEARCE, JOHN D
Address	55 NORTH 300 WEST, SUITE 375
City-State-Zip:	SALT LAKE CITY UT 84101

Title	VP
Name	RIPPLINGER, J CARY
Address	55 NORTH 300 WEST, SUITE 375
City-State-Zip:	SALT LAKE CITY UT 84101

Title	DIRECTOR
Name	MCMULLIN, KEITH B
Address	55 NORTH 300 WEST SUITE 800
City-State-Zip:	SALT LAKE CITY UT 84180

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: DOUGLAS R HANCOCK SR. VP & CFO 04/08/2013

Electronic Signature of Signing Officer/Director Detail — Date