## 2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 825197** 

**Entity Name: BENEFICIAL LIFE INSURANCE COMPANY** 

**Current Principal Place of Business:** 

55 NORTH 300 WEST

SUITE 800

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 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

FILED Apr 10, 2019

**Secretary of State** 

7707888059CC

Officer/Director Detail:

Title CEOD Title VPS

Name BROWN, THOMAS KIRBY JR Name PEARCE, JOHN D

Address 55 NORTH 300 WEST, SUITE 800 Address 55 NORTH 300 WEST, SUITE 800

City-State-Zip: SALT LAKE CITY UT 84180 City-State-Zip: SALT LAKE CITY UT 84101

Title VP Title DIRECTOR

NameRIPPLINGER, J CARYNameMCMULLIN, KEITH BAddress55 NORTH 300 WEST, SUITE 800Address55 NORTH 300 WEST

SUITE 800

City-State-Zip: SALT LAKE CITY UT 84101 City-State-Zip: SALT LAKE CITY UT 84180

Title DIRECTOR Title DIRECTOR

 Name
 CLARKE, ROGER G
 Name
 MCKINNON, BRADLEY K

 Address
 55 NORTH 300 WEST
 Address
 55 NORTH 300 WEST

SUITE 800 Addless 55 NORTH 300 V

City-State-Zip: SALT LAKE CITIY UT 84180

City-State-Zip: SALT LAKE CITY UT 84180

Title DIRECTOR Title CFO, TREASURER, VP

Name NYDEGGER, DAVID R

Address 55 NORTH 300 WEST

Name BUTLER, SPENCER J

SUITE 800 Address 55 NORTH 300 WEST, SUITE 800

PO BOX 45654

City-State-Zip: SALT LAKE CITY UT 84180 City-State-Zip: SALT LAKE CITY UT 84145-0654

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: SPENCER J BUTLER CFO/TREASURER/VP 04/10/2019

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name VANCE, SETH W

Address 55 NORTH 300 WEST

SUITE 800

City-State-Zip: SALT LAKE CITY UT 84180