2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2020
Secretary of State
0595502597CC

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Entity Name: ASSURITY LIFE INSURANCE COMPANY

Current Principal Place of Business:

2000 Q ST
LINCOLN, NE 68503-3608

Current Mailing Address:

P O BOX 82533
LINCOLN, NE 68501-2533 US

FEI Number: 38-1843471

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E GAINES ST
TALLAHASSEE, FL 32301-2413 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
Name	HENNING, THOMAS E
Address	2000 Q ST
City-State-Zip:	LINCOLN NE 68503-3608

Title	S
Name	SHARP, JOHN A
Address	2000 Q ST
City-State-Zip:	LINCOLN NE 68503-3608

Title	SVP
Name	KEISLER-MUNRO, SUSAN L
Address	2000 Q ST
City-State-Zip:	LINCOLN NE 68503-3608

Title	VP
Name	OTTERSTEIN, ERIC L
Address	2000 Q ST
City-State-Zip:	LINCOLN NE 68503-3608

Title	TVP
Name	FALTIN, KEVIN
Address	2000 Q ST
City-State-Zip:	LINCOLN NE 68503-3608

Title	SVP
Name	REIMERS, TODD W
Address	2000 Q ST
City-State-Zip:	LINCOLN NE 68503-3608

Title	VP
Name	LOCKWOOD, DAVID D
Address	2000 Q ST
City-State-Zip:	LINCOLN NE 68503-3608

Title	VP
Name	BECKER, SUSAN M
Address	2000 Q ST
City-State-Zip:	LINCOLN NE 68503-3608

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: KEVIN FALTIN — VP CHIEF FINANCIAL OFFICER AND TREASURER — 03/30/2020

Electronic Signature of Signing Officer/Director Detail — Date