

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825651

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 EHLY, MARVIN P
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: MARVIN P EHLY**TREASURER, VP****01/17/2018**

Electronic Signature of Signing Officer/Director Detail

Date