2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2013
Secretary of State
CC9143353453

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
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	Title	TVP
Name	HENNING, THOMAS E	Name	EHLY, MARVIN P
Address	2000 Q ST	Address	2000 Q ST
City-State-Zip:	LINCOLN NE 68503-3608	City-State-Zip:	LINCOLN NE 68503-3608
Title	S	Title	SVP
Name	WATSON, CAROL S	Name	REIMERS, TODD W
Address	2000 Q ST	Address	2000 Q ST
City-State-Zip:	LINCOLN NE 68503-3608	City-State-Zip:	LINCOLN NE 68503-3608
Title	SVP	Title	SVP
Name	KEISLER-MUNRO, SUSAN L	Name	WALLMAN, DAVID T
Address	2000 Q ST	Address	2000 Q ST
City-State-Zip:	LINCOLN NE 68503-3608	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 AND VP — 01/16/2013

Electronic Signature of Signing Officer/Director Detail — Date