2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2014
Secretary of State
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Entity Name: WESTERN RESERVE LIFE ASSURANCE CO., OF OHIO

Current Principal Place of Business:

570 CARILLON PARKWAY
ST. PETERSBURG, FL 33716-1202

Current Mailing Address:

4333 EDGEWOOD RD NE
CEDAR RAPIDS, IA 52499 US

FEI Number: 43-1162657

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	D, P, COB
Name	CLANCY, BRENDA K
Address	4333 EDGEWOOD ROAD NE
City-State-Zip:	CEDAR RAPIDS IA 52499

Title	D& SVP
Name	SCHNEIDER, ARTHUR C
Address	4333 EDGEWOOD RD. NE
City-State-Zip:	CEDAR RAPIDS IA 52499

Title	SVP & AS
Name	VERMIE, CRAIG D
Address	4333 EDGEWOOD RD NE
City-State-Zip:	CEDAR RAPIDS IA 52499

Title	D
Name	HUNTER, JOHN R
Address	4333 EDGEWOOD RD NE
City-State-Zip:	CEDAR RAPIDS IA 52499

Title	SVP
Name	GEIGER, WILLIAM H
Address	570 CARILLON PKWY.
City-State-Zip:	SAINT PETERSBURG FL 33716

Title	DIRECTOR, SVP, TREASURER
Name	KATWIJK, C. MICHIEL VAN
Address	4333 EDGEWOOD RD NE
City-State-Zip:	CEDAR RAPIDS IA 52499

Title	D
Name	HAM, SCOTT W
Address	4333 EDGEWOOD RD NE
City-State-Zip:	CEDAR RAPIDS IA 52499

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: CRAIG D VERMIE — SENIOR VICE PRESIDENT — 05/01/2014

Electronic Signature of Signing Officer/Director Detail — Date