

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004065

FILED
Feb 19, 2015
Secretary of State
CC3592499742

Entity Name: SETTLERS LIFE INSURANCE COMPANY

Current Principal Place of Business:

2 EAST GILMAN STREET
MADISON, WI 53703

Current Mailing Address:

P.O. BOX 1191
MADISON, WI 53701-1191 US

FEI Number: 47-0648948

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

Officer/Director Detail :

Title CEO
Name SOLVERUD, MARK L
Address 2 EAST GILMAN STREET
City-State-Zip: MADISON WI 53703

Title PRES
Name LOWE, MICHAEL W
Address 1969 LEE HIGHWAY
City-State-Zip: BRISTOL VA 24201

Title VP/T
Name MUCCI, ROBERT A
Address 2 EAST GILMAN STREET
City-State-Zip: MADISON WI 53703

Title SEC
Name SHAUL, KIM A
Address 2 EAST GILMAN STREET
City-State-Zip: MADISON WI 53703

Title CFO
Name HOGAN, BRIAN J
Address 2 EAST GILMAN STREET
City-State-Zip: MADISON WI 53703

Title ACCOUNTING OFFICER
Name FRALEY, DIANE M
Address 2 E GILMAN STREET
City-State-Zip: MADISON WI 53703

Title VP MARKETING
Name BONTELL, STEPHEN J
Address 2 E GILMAN ST.
City-State-Zip: MADISON WI 53703

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: DIANE FRALEY

ACCOUNTING OFFICER

02/19/2015

Electronic Signature of Signing Officer/Director Detail

Date