

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000004065

**FILED**  
**Feb 16, 2017**  
**Secretary of State**  
**CC3797227423**

**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**

**02/16/2017**

Electronic Signature of Signing Officer/Director Detail

Date