2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000004199

Entity Name: CLEAR SPRING LIFE INSURANCE COMPANY

Current Principal Place of Business:

211 EAST 7TH STREET, SUITE 620

AUSTIN, TX 78701

Current Mailing Address:

401 PENNSYLVANIA PKWY SUITE 300 INDIANAPOLIS, IN 46280

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E GAINES ST BOX 6200 TALLAHASSEE, FL 32399 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

FILED Apr 28, 2017

Secretary of State

CC9735678304

Officer/Director Detail:

DIRECTOR **DIRECTOR** Title Title

Name CACCIAPAGLIA. DONALD C. Name LANGE, JEFFREY S.

Address 330 MADISON AVE 10TH FLOOR Address 330 MADISON AVE 10TH FLOOR

NEW YORK NY 10017 City-State-Zip: City-State-Zip: NEW YORK NY 10017

Title DIRECTOR Title DIRECTOR

KORMAN, DAVID L. Name Name LONGORIA, ALEJANDRO

Address 227 W MONROE ST SUITE 4900 Address 227 W MONROE ST SUITE 4900

City-State-Zip: CHICAGO IL 60606 City-State-Zip: CHICAGO IL 60606

Title **SECRETARY** Title DIRECTOR, PRESIDENT, CEO

COONS, STEPHEN M. Name Name TOWRISS, DAVID J.

Address 401 PENNSYLVANIA PKWY SUITE 300 Address 227 W MONROE ST SUITE 4900

City-State-Zip: CHICAGO IL 60606 City-State-Zip: INDIANAPOLIS IN 46280

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: STEPHEN M. COONS

SECRETARY

04/28/2017