

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 809031

Entity Name: 4 EVER LIFE INSURANCE COMPANY

Current Principal Place of Business:

2 MID AMERICA PLAZA
SUITE 200
OAKBROOK TERRACE, IL 60181

Current Mailing Address:

2 MID AMERICA PLAZA
SUITE 200
OAKBROOK TERRACE, IL 60181

FEI Number: 36-2149353

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 PD
Name BEACHAM, III, H FPD
Address 2 MID AMERICA PLAZA, SUITE 200
City-State-Zip: OAKBROOK TERRACE IL 60181

Title SVSD
Name CARPENTER, HENRY AVSD
Address 2 MID AMERICA PLAZA, SUITE 200
City-State-Zip: OAKBROOK TERRACE IL 60181

Title SVD
Name PICKAR, SUSAN VD
Address 2 MID AMERICA PLAZA, SUITE 200
City-State-Zip: OAKBROOK TERRACE IL 60181-4712

Title SVD
Name BRANNIGAN, MATTHEW TVD
Address 2 MID AMERICA PLAZA, SUITE 200
City-State-Zip: OAKBROOK TERRACE IL 60181-4712

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: HENRY A. CARPENTER

**SVP, GENERAL COUNSEL 04/29/2013
& SECRETARY**

Electronic Signature of Signing Officer/Director Detail

Date