

**2014 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  
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

*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

04/28/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date