

**2023 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 US

**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 DIRECTOR  
Name JACOBS, DAVID J.  
Address 2 MID AMERICA PLAZA  
SUITE 200  
City-State-Zip: OAKBROOK TERRACE IL 60181

Title DIRECTOR  
Name HACKETT, TERRY M.  
Address 2 MID AMERICA PLAZA  
SUITE 200  
City-State-Zip: OAKBROOK TERRACE IL 60181

Title PRESIDENT  
Name COSTELLO, PETER  
Address 2 MID AMERICA PLAZA  
SUITE 200  
City-State-Zip: OAKBROOK TERRACE IL 60181

Title DIRECTOR  
Name COSTELLO, PETER  
Address 2 MID AMERICA PLAZA  
SUITE 200  
City-State-Zip: OAKBROOK TERRACE IL 60181

Title TREASURER  
Name PICKAR, SUSAN A.  
Address 2 MID AMERICA PLAZA  
SUITE 200  
City-State-Zip: OAKBROOK TERRACE IL 60181

Title SECRETARY  
Name HACKETT, TERRY M.  
Address 2 MID AMERICA PLAZA  
SUITE 200  
City-State-Zip: OAKBROOK TERRACE IL 60181

Title GENERAL COUSEL  
Name HACKETT, TERRY M  
Address 2 MID AMERICA PLAZA  
SUITE 200  
City-State-Zip: OAKBROOK TERRACE IL 60181

Title DIRECTOR  
Name PICKAR, SUSAN A.  
Address 2 MID AMERICA PLAZA  
SUITE 200  
City-State-Zip: OAKBROOK TERRACE IL 60181

*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:** HACKETT, TERRY M.

**GENERAL COUSEL**

**02/23/2023**

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

\_\_\_\_\_  
Date