

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 838529

Entity Name: SAGICOR LIFE INSURANCE COMPANY

Current Principal Place of Business:

4343 N. SCOTTSDALE RD.
SUITE 300
SCOTTSDALE, AZ 85251

FILED
Jan 25, 2013
Secretary of State
CC9294061194

Current Mailing Address:

P.O. BOX 52121
PHOENIX, AZ 85016

FEI Number: 74-1915841

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 P
Name MILLER, DODRIDGE D
Address 4343 NORTH SCOTTSDALE ROAD
SUITE 300
City-State-Zip: SCOTTSDALE AZ 85251

Title VS
Name OSBORNE, SANDRA K
Address 4343 NORTH SCOTTSDALE ROAD
SUITE 300
City-State-Zip: SCOTTSDALE AZ 85251

Title COO
Name CATMULL, BART F
Address 4343 N. SCOTTSDALE RD., STE 300
City-State-Zip: SCOTTSDALE AZ 85251

Title VP
Name GAFFNEY, BERNARD R
Address 4343 N. SCOTTSDALE RD., STE 300
City-State-Zip: SCOTTSDALE AZ 85251

Title VP
Name WEISKIRCHER, JAMES R
Address 4343 NORTH SCOTTSDALE ROAD
SUITE 300
City-State-Zip: SCOTTSDALE AZ 85251

Title VP
Name STICKER, MICHAEL P
Address 4343 N SCOTTSDALE RD, STE 300
City-State-Zip: SCOTTSDALE AZ 85251

Title VP COMPLIANCE
Name GOLEMBIEWSKI, JAMES
Address 4343 N. SCOTTSDALE RD.
SUITE 300
City-State-Zip: SCOTTSDALE AZ 85251

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: JAMES GOLEMBIEWSKI

VP COMPLIANCE

01/25/2013

Electronic Signature of Signing Officer/Director Detail

Date