

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000004439

**Entity Name:** EAGLE LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

6000 WESTOWN PKWY.  
WEST DES MOINES, IA 50266

**Current Mailing Address:**

6000 WESTOWN PKWY.  
WEST DES MOINES, IA 50266

**FEI Number:** 26-3218907

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 NOBLE, D.J.  
Address 6000 WESTOWN PKWY.  
City-State-Zip: WEST DES MOINES IA 50266

Title DIRECTOR  
Name RICHARDSON, DEBRA J  
Address 6000 WESTOWN PKWY.  
City-State-Zip: WEST DES MOINES IA 50266

Title DIRECTOR  
Name MATOVINA, JOHN M  
Address 6000 WESTOWN PKWY.  
City-State-Zip: WEST DES MOINES IA 50266

Title TREASURER  
Name JOHNSON, TED  
Address 6000 WESTOWN PKWY.  
City-State-Zip: WEST DES MOINES IA 50266

Title PRESIDENT  
Name GRENSTEINER, RONALD  
Address 6000 WESTOWN PKWY.  
City-State-Zip: WEST DES MOINES IA 50266

Title VP  
Name SAMUELSON, SCOTT A  
Address 6000 WESTOWN PKWY.  
City-State-Zip: WEST DES MOINES IA 50266

*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:** SCOTT A SAMUELSON

VP

04/03/2017

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

\_\_\_\_\_  
Date