

2019 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 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

Title SECRETARY
Name MONTZ, RENEE DENISE
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 SAMUELSON

VP

04/12/2019

Electronic Signature of Signing Officer/Director Detail

Date