

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000004439

**FILED**  
**Apr 21, 2020**  
**Secretary of State**  
**7635218386CC**

**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           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

Title           CEO  
Name           BHALLA, ANANT  
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

04/21/2020

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

\_\_\_\_\_  
Date