

**2023 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 CFO, DIRECTOR  
Name ANDRE, AXEL  
Address 6000 WESTOWN PKWY.  
City-State-Zip: WEST DES MOINES IA 50266

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

Title SECRETARY  
Name WOOD, SHARI  
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:** SHARI WOOD

**SECRETARY**

**01/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date