

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004439

FILED
Jan 18, 2011
Secretary of State

Entity Name: EAGLE LIFE INSURANCE COMPANY

Current Principal Place of Business:

6000 WESTOWN PKWY.
WEST DES MOINES, IA 50266

New Principal Place of Business:

Current Mailing Address:

6000 WESTOWN PKWY.
WEST DES MOINES, IA 50266

New Mailing Address:

FEI Number: 26-3218907 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PC
Name: NOBLE, D.J.
Address: 6000 WESTOWN PKWY.
City-St-Zip: WEST DES MOINES, IA 50266

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

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

Title: EV
Name: GERLACH, JAMES M
Address: 6000 WESTOWN PKWY.
City-St-Zip: WEST DES MOINES, IA 50266

Title: V
Name: HILL, LLOYD R
Address: 6000 WESTOWN PKWY.
City-St-Zip: WEST DES MOINES, IA 50266

Title: V
Name: JOHNSON, TED
Address: 6000 WESTOWN PKWY.
City-St-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: TED JOHNSON

_____ Electronic Signature of Signing Officer or Director

V

01/18/2011

_____ Date