No. C 201156		Due no later than Feb 29, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. SURETY LIFE INSURANCE COMPANY NANCY DYE 201 NE MULBERRY LEES SUMMIT MO 64086		2. Registered Age	2. Registered Agent and Address (NO PO BOX) C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				AND AND AND ADDRESS OF THE AND ADDRESS OF THE ADDRE				
				3. <u>New</u> Registered				
4. Corporations: Enter	r Names and Busin	ess Addresses of	President, Secretary, and Directors. Treasu	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	JOSEPH MUI	RRAY	201 NE MULBERRY	LEES SUMMIT	MO	USA	64086	
PRESIDENT	SHANNON H	ORGAN	201 NE MULBERRY	LEES SUMMIT	MO		64086	
SECRETARY	JOSEPH MURRAY		201 NE MULBERRY	LEES SUMMIT	MO		64086	
DIRECTOR	JOSEPH WITKOWSKI		201 NE MULBERRY	LEES SUMMIT	MO	USA	64086	
DIRECTOR	THOMAS HANDLEY		201 NE MULBERY	LEES SUMMIT	MO	USA	64086	
DIRECTOR	LAURA COOK		201 NE MULBERRY	LEES SUMMMIT	MO	USA	64086	
DIRECTOR	MICHAEL HORTON		310 NE MULBERRY	LEES SUMMIT	MO	USA	64086	
DIRECTOR	CTOR WARREN LUCKNER		310 NE MULBERRY	LEES SUMMIT	MO	USA	64086	
DIRECTOR	SHANNON H	ORGAN	201 NE MULBERRY	LEES SUMMIT	МО	USA	64086	
5. Organized Under the Laws of:		6. Annual Repo	rt must be signed.*					
NE		Signature: J	DSEPH MURRARY		Date: 03/03/2016			
C 201156		Name (type or print): JOSEPH MURRARY Title: SECRETARY						
Processed 03/03/2016	5	* Electronically	provided signatures are accepted as original	l signatures.				