FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

| OMB APPROVAL             |           |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number:              | 3235-0104 |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |
| hours per response:      | 0.5       |  |  |  |  |  |  |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Raaum Anders   | 2. Date of Event<br>Requiring Statem<br>Month/Day/Year<br>12/11/2018 | nent               | 3. Issuer Name <b>and</b> Ticker or Trading Symbol Federal Life Group, Inc. [FLF]   |  |   |   |   |  |  |  |
|--|--|--------------------|---|--|---|---|---|--|--|--|
| (Last) (First) (Middle) 3750 WEST DEERFIELD ROAD   | -  |                    | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title below) Other (spec |  | (Month/Day/Year)                            |   |   |  |  |  |
|  |  |                    |   |  |   | fy 6. Individual or Joint/Group Filing (Check Applicable Line)                    |   |  |  |  |
| (Street) RIVERWOODS IL 60015   |  |                    | Chief Financial C   | Officer                                |   | X Form filed by One Reporting Person Form filed by More than One Reporting Person |   |  |  |  |
| (City) (State) (Zip)   |  |                    |   |  |   |   |   |  |  |  |
| Table I - Non-Derivative Securities Beneficially Owned   |  |                    |   |  |   |   |   |  |  |  |
| 1. Title of Security (Instr. 4)  |  |                    | . Amount of Securities<br>Beneficially Owned (Instr. 4)   |  |   | 4. Nature of Indirect Beneficial Ownership<br>(Instr. 5)                          |   |  |  |  |
| Common Stock   |  |                    | 28,667(1)   | D                                      |   |   |   |  |  |  |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |                    |   |  |   |   |   |  |  |  |
| 1. Title of Derivative Security (Instr. 4)   | 2. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year)       |                    | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)   |  | 4.<br>Conversior<br>or Exercise<br>Price of | 5.<br>Ownership<br>Form:<br>Direct (D)  | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |  |  |  |
|  | Date<br>Exercisable  | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares | Derivative<br>Security                      | or Indirect<br>(I) (Instr. 5)   |   |  |  |  |
| Stock options  | 12/10/2019 <sup>(2)</sup>  | 12/10/2028         | Common stock  | 35,000                                 | 10  | D   |   |  |  |  |

## **Explanation of Responses:**

- $1.\ Includes\ 11,667\ shares\ of\ restricted\ common\ stock\ that\ vest\ 25\%\ per\ year\ commencing\ December\ 10,\ 2019.$
- 2. Options vest 25% per year commencing December 10, 2019.

/s/ Anders Raaum 12/11/2018

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 5 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.