

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northum
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 10:54

DOCUMENT # **843870** (7)
1. Corporation Name
FORT DEARBORN LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address
233 NORTH MICHIGAN AVENUE CHICAGO IL 60601

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/08/1979	3a. Date of Last Report 03/01/1994
21		26		4. FBI Number 36-2598882	Applied For Not Applicable
22. State, Apt. #, etc.		27. State, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STATE OF FLORIDA INSURANCE COMMISSIONER THE CAPITOL BLDG. TALLAHASSEE FL 32301				01	Name		
				02	Street Address (P.O. Box Number is Not Acceptable)		
				03			
				04	City	05	Zip Code
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title of representative (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCASKEY, RAYMOND F.	1.2 NAME	President Carine F. Ricciardelli
STREET ADDRESS	233 N MICHIGAN AVE	1.3 STREET ADDRESS	233 N Michigan Ave
CITY-ST-ZIP	CHICAGO, IL 00000	1.4 CITY-ST-ZIP	Chicago, IL 60601
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENHAM, TOM J.	2.2 NAME	
STREET ADDRESS	233 N MICHIGAN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBER, DAVID P	3.2 NAME	Director
STREET ADDRESS	233 N MICHIGAN AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO, IL 00000	3.4 CITY-ST-ZIP	
TITLE	VT	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAVLETICH DAVID J	4.2 NAME	VP/Secretary Larry J Newcom
STREET ADDRESS	233 N MICHIGAN AVE	4.3 STREET ADDRESS	233 N Michigan Ave
CITY-ST-ZIP	CHICAGO IL 00000	4.4 CITY-ST-ZIP	Chicago, IL 60601
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHLAMM, JAMES D.	5.2 NAME	Director Sherman M Wolff
STREET ADDRESS	233 N MICHIGAN AVE.	5.3 STREET ADDRESS	233 N. Michigan Ave
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	Chicago, IL 60601
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Actuary John W. McKee III
STREET ADDRESS		6.3 STREET ADDRESS	233 N Michigan Ave
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Chicago, IL 60601

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attached report with an address.

SIGNATURE: **X** *John W. McKee III* **3/29/95** **(312) 938-6500**
BY SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR