

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90029 006 ***150.00

DOCUMENT # 843870

1. Entity Name
FORT DEARBORN LIFE INSURANCE COMPANY

Principal Place of Business 300 EAST RANDOLPH STREET CHICAGO IL 60601-5099 US	Mailing Address 300 EAST RANDOLPH STREET CHICAGO IL 60601-5099 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **36-2598882**

Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STATE OF FLORIDA INSURANCE COMMISSIONER
 THE CAPITOL BLDG.
 TALLAHASSEE FL 32301**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MCCASKEY, RAYMOND F.	
STREET ADDRESS	300 E RANDOLPH	
CITY-ST-ZIP	CHICAGO IL 60601-5099	
TITLE	SB	<input type="checkbox"/> Delete
NAME	GUENTHER, GERALD A	
STREET ADDRESS	300 E RANDOLPH	
CITY-ST-ZIP	CHICAGO IL 60601-5099	
TITLE	VPA	<input type="checkbox"/> Delete
NAME	MCKEE, JOHN W. III	
STREET ADDRESS	300 E RANDOLPH	
CITY-ST-ZIP	CHICAGO IL 60601-5099	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MALLEN, GERARD	
STREET ADDRESS	300 E RANDOLPH	
CITY-ST-ZIP	CHICAGO IL 60601-5099	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLFF, SHERMAN M.	
STREET ADDRESS	300 E RANDOLPH	
CITY-ST-ZIP	CHICAGO IL 60601-5099	
TITLE	SBPD	<input type="checkbox"/> Delete
NAME	NEWSOM, LARRY J	
STREET ADDRESS	300 E RANDOLPH	
CITY-ST-ZIP	CHICAGO IL 60601-5099	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

INVOICE RECEIVED

Handwritten signature and date: 1/19/02

CHECK NO.

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supporting document 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 receiver of justice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with a checkmark, with all other filers covered.

SIGNATURE: *William J. Braun* (William J. Braun) Director - Fin. Regs. 1/19/02 312-653-6619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (9/01)