

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 843870

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** FORT DEARBORN LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

300 EAST RANDOLPH STREET  
CHICAGO, IL 606015099 US

**New Principal Place of Business:**

**Current Mailing Address:**

1020 31ST ST.  
4TH FLOOR  
DOWNERS GROVE, IL 605155591 US

**New Mailing Address:**

**FEI Number:** 36-2598882      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CMMSR OF THE OFFICE OF INS. REG.  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 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: D  
Name: MALLEN, GERALD T  
Address: 300 E RANDOLPH  
City-St-Zip: CHICAGO, IL 606015099

Title: VPGC  
Name: BARNES, WILLIAM R  
Address: 1020 31ST STREET  
City-St-Zip: DOWNERS GROVE, IL 60515 US

Title: VCFO  
Name: GAUTHIER, PAUL E  
Address: 1020 E 31ST  
City-St-Zip: DOWNERS GROVE, IL 605155591

Title: D  
Name: FOSTER, MARTIN G  
Address: 300 E. RANDOLPH ST.  
City-St-Zip: CHICAGO, IL 60601

Title: PD  
Name: NORDYKE, CRAIG K  
Address: 1020 31ST STREET  
City-St-Zip: DOWNERS GROVE, IL 60515

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: WILLIAM R. BARNES

VPGC

04/27/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date