

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY - 1 PM 11: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 844117 (2)

1. Corporation Name

STERLING LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

123 N WACKER DRIVE
CHICAGO, ILLINOIS 60606

123 N WACKER DRIVE
CHICAGO, ILLINOIS 60606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/13/1979

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, et

Principal Place of Bus./Mailing Address

22

City & State

123 North Wacker Drive, 26th Flr.

23

Zip

Chicago, Illinois 60606

County: COOK

24

Country

01

4. FEI Number

13-1867829

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA, CAPITOL BLDG.
TALLAHASSEE FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME PERISHO, RAY M.
STREET ADDRESS 123 N WACKER DRIVE
CITY - ST - ZIP CHICAGO IL

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE VPS
NAME LORENZ, HUGO A.
STREET ADDRESS 123 N WACKER DRIVE
CITY - ST - ZIP CHICAGO IL

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE T
NAME RABIN, PAUL I
STREET ADDRESS 123 N. WACKER DRIVE
CITY - ST - ZIP CHICAGO IL

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE AVP
NAME GROB, ROBERT
STREET ADDRESS 123 N WACKER DRIVE
CITY - ST - ZIP CHICAGO IL

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE D
NAME RICE, MICHAEL D.
STREET ADDRESS 123 N. WACKER DRIVE
CITY - ST - ZIP CHICAGO IL

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE V
NAME BAER, JEROME I
STREET ADDRESS 123 N WACKER DR
CITY - ST - ZIP CHICAGO IL

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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 119.07(3)(b), 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 receiver or trustee 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 on an attachment, with an address.

SIGNATURE:

Robert Grob ROBERT GROB

4/26/95

312-701-3978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Telephone Number