

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **844117 (2)**

1. Corporation Name
STERLING LIFE INSURANCE COMPANY



Principal Place of Business: **123 NORTH WACKER DRIVE, 26TH FLOOR, CHICAGO IL 60606 US**
Mailing Address: **123 N WACKER DRIVE, CHICAGO, ILLNOIS 60606**

3. Date Incorporated or Qualified: **09/13/1979**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **13-1867829**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc; City & State; Zip; Country.

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
STATE OF FLORIDA, CAPITOL BLDG.
TALLAHASSEE FL**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 (Applicable)

Signature of Registered Agent (signature required when not filing)

(Date)

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|---------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | PERISHO, RAY M. | |
| STREET ADDRESS | 123 N WACKER DRIVE | |
| CITY - ST - ZIP | CHICAGO IL | |
| TITLE | VPS | <input type="checkbox"/> DELETE |
| NAME | LORENZ, HUGO A. | |
| STREET ADDRESS | 123 N WACKER DRIVE | |
| CITY - ST - ZIP | CHICAGO IL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | RABIN, PAUL I | |
| STREET ADDRESS | 123 N. WACKER DRIVE | |
| CITY - ST - ZIP | CHICAGO IL | |
| TITLE | AVP | <input type="checkbox"/> DELETE |
| NAME | GROB, ROBERT | |
| STREET ADDRESS | 123 N WACKER DRIVE | |
| CITY - ST - ZIP | CHICAGO IL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | RICE, MICHAEL D. | |
| STREET ADDRESS | 123 N. WACKER DRIVE | |
| CITY - ST - ZIP | CHICAGO IL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | BAER, JEROME I | |
| STREET ADDRESS | 123 N WACKER DR | |
| CITY - ST - ZIP | CHICAGO IL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 300001808673 |
| 2.4 CITY - ST - ZIP | -05/06/96--01027--010 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | ***200.00 |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

PRM 5-1-96

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)(a), 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 if changed, or on an attachment with an address.

SIGNATURE: *Robert J. Grob* **Robert J. Grob** **4-17-96** **312-701-3978**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)

CR2E034 (12/95)