

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 844117 (2)**  
 1. Corporation Name  
**STERLING LIFE INSURANCE COMPANY**



Principal Place of Business <b>123 NORTH WACKER DRIVE                  28TH FLOOR                  CHICAGO IL 60606                  US</b>	Mailing Address <b>P.O. BOX 8264                  CHICAGO, ILLINOIS 60606                  US</b>
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DO NOT WRITE IN THIS SPACE

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip <b>60680</b>
<b>24</b> Country	<b>29</b> Country

<b>3.</b> Date Incorporated or Qualified <b>09/13/1979</b>	
<b>4.</b> FEI Number <b>13-1867829</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**INSURANCE COMMISSIONER  
 STATE OF FLORIDA, CAPITOL BLDG.  
 TALLAHASSEE FL FL**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP PERISHO, RAY M.	1.1 TITLE	Secretary
NAME	123 N WACKER DRIVE	1.2 NAME	Ronald D. Markovits
STREET ADDRESS	CHICAGO IL	1.3 STREET ADDRESS	123 N. Wacker Dr.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Chicago, IL 60606
TITLE	VPS LORENZ, HUGO A.	2.1 TITLE	
NAME	123 N WACKER DRIVE	2.2 NAME	
STREET ADDRESS	CHICAGO IL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T HARDY, ARLENE	3.1 TITLE	
NAME	123 N. WACKER DRIVE	3.2 NAME	
STREET ADDRESS	CHICAGO IL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	AVD FYDA, SUSAN	4.1 TITLE	
NAME	123 N WACKER DRIVE	4.2 NAME	
STREET ADDRESS	CHICAGO IL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D RICE, MICHAEL D.	5.1 TITLE	
NAME	123 N. WACKER DRIVE	5.2 NAME	
STREET ADDRESS	CHICAGO IL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	V BAER, JEROME I	6.1 TITLE	
NAME	123 N WACKER DR	6.2 NAME	
STREET ADDRESS	CHICAGO IL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**14.** 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 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.

CR2E034 (10/97)