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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 844117

1. Corporation Name
STERLING LIFE INSURANCE COMPANY

Principal Place of Business: 123 NORTH WACKER DRIVE, 26TH FLOOR, CHICAGO IL 60606 US
 Mailing Address: P.O. BOX 8264, CHICAGO, ILLINOIS 60680 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	09/13/1979	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Country	13-1867829	
24	Country	29	Country	Applied For	
25	Country	30	Country	Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
INSURANCE COMMISSIONER STATE OF FLORIDA, CAPITOL BLDG. TALLAHASSEE FL FL				8. This corporation owes the current year Intangible Personal Property Tax.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				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 607.1508, 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	DATE
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP PERISHO, RAY M.	1.1 TITLE	Cox, Daniel T. Cox
NAME	123 N WACKER DRIVE	1.2 NAME	PD
STREET ADDRESS	CHICAGO IL	1.3 STREET ADDRESS	123 N. Wacker Dr, Chicago, IL 60606
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	S MARKOVITS, RONALD	2.1 TITLE	
NAME	123 N WACKER DR	2.2 NAME	
STREET ADDRESS	CHICAGO IL 60606	2.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	AVD FYDA, SUSAN	4.1 TITLE	D White, James D.
NAME	123 N WACKER DRIVE	4.2 NAME	123 N. Wacker Dr, Chicago IL 60606
STREET ADDRESS	CHICAGO IL	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4/28/99 DAYTIME PHONE #: 312 701-3640

CR2E034 (11/98)