

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91266 041 \*\*\*150.00

IV 0108000

**DOCUMENT # 844117**

1. Entity Name  
**STERLING LIFE INSURANCE COMPANY**

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

**433510**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

200 E RANDOLPH STREET      Suite, Apt. #, etc.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 CHICAGO      CHICAGO

Zip      Country      Zip      Country  
 60601      USA

4. FEI Number      Applied For  
 13-1867829      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. 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      Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV AHL, DEBBIE J 123 N WACKER DRIVE CHICAGO IL 60606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MARKOVITS, RONALD 123 N WACKER DR CHICAGO IL 60606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AIGOTTI, DIANE 123 N. WACKER DRIVE CHICAGO IL 60606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, JAMES D 123 N WACKER DRIVE CHICAGO IL 60606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMMING, ALASTAIR M 123 N. WACKER DRIVE CHICAGO IL 60606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAER, JEROME I 123 N WACKER DR CHICAGO IL	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 E RANDOLPH STREET CHICAGO ILLINOIS 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 E RANDOLPH STREET CHICAGO, ILLINOIS - 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200 E RANDOLPH STREET CHICAGO ILLINOIS 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DIRECTOR PAUL BOLDREAU 200 E RANDOLPH STREET CHICAGO ILLINOIS 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 E RANDOLPH STREET CHICAGO, ILLINOIS 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 E RANDOLPH STREET CHICAGO ILLINOIS 60601

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*      SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      **JEROME I. BAER**      Date      **4/24/02 312-3841000**      Daytime Phone #

CR2E034 (9/01)