

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33667

FILED  
Mar 10, 2004  
Secretary of State

Entity Name: SEARS LIFE INSURANCE COMPANY

## Current Principal Place of Business:

10255 W. HIGGINS ROAD, #700  
ROSEMONT, IL 60018

## New Principal Place of Business:

3001 MEACHUM BOULEVARD  
SUITE 200  
FT. WORTH, TX 76137

## Current Mailing Address:

10255 W. HIGGINS ROAD, #700  
ROSEMONT, IL 60018

## New Mailing Address:

3001 MEACHUM BOULEVARD  
SUITE 200  
FT. WORTH, TX 76137

FEI Number: 36-3742955

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DEVEREUX, TIMOTHY E  
Address: 10255 W. HIGGINS, SUITE 700  
City-St-Zip: ROSEMONT, IL 60018

Title: D ( ) Delete  
Name: LISKA, PAUL J  
Address: 3333 BEVERLY RD  
City-St-Zip: HOFFMAN ESTATES, IL 60179

Title: TD ( ) Delete  
Name: BAIER, LUCINDA M  
Address: 3333 BEVERLY ROAD  
City-St-Zip: HOFFMAN ESTATES, IL 60179

Title: VP ( ) Delete  
Name: GRUDZINSKI, PHILLIP J  
Address: 3333 BEVERLY RD  
City-St-Zip: HOFFMAN ESTATES, IL 60179

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY DEVEREUX

PD

03/10/2004

Electronic Signature of Signing Officer or Director

Date