

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90153 027 ***150.00

0650514 AT

DOCUMENT # P33667

1. Entity Name
SEARS LIFE INSURANCE COMPANY



Principal Place of Business
10255 W. HIGGINS ROAD, #700
ROSEMONT IL 60018

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



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **36-3742955** Applied For Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CT CORPORATION
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DEVEREUX, TIMOTHY E	
STREET ADDRESS	10255 W. HIGGINS, SUITE 700	
CITY-ST-ZIP	ROSEMONT IL 60018	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	STUCHEL, BETH E	
STREET ADDRESS	3333 BEVERLY ROAD	
CITY-ST-ZIP	HOFFMAN ESTATES IL 60179	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KELEGHAN, KEVIN T	
STREET ADDRESS	3333 BEVERLY ROAD	
CITY-ST-ZIP	HOFFMAN ESTATES IL 60179	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BAIER, LUCINDA M	
STREET ADDRESS	3333 BEVERLY ROAD	
CITY-ST-ZIP	HOFFMAN ESTATES IL 60179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP Phillip Joseph Grudzinski	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3333 Beverly Road	
CITY-ST-ZIP	HOFFMAN EST, IL 60179	
TITLE	D Paul James Niska	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	3333 Beverly Road	
CITY-ST-ZIP	HOFFMAN EST, IL 60179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)