

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 843870

**FILED**  
**Apr 14, 2015**  
**Secretary of State**  
**CC4174993164**

**Entity Name:** DEARBORN NATIONAL LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

300 EAST RANDOLPH STREET  
CHICAGO, IL 60601-5099

**Current Mailing Address:**

1020 31ST ST.  
4TH FLOOR  
DOWNERS GROVE, IL 60515-5591 US

**FEI Number:** 36-2598882

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CMMSR OF THE OFFICE OF INS. REG.  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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

**Officer/Director Detail :**

Title ASST. TREASURER  
Name MALLEN, GERALD T  
Address 300 E RANDOLPH  
City-State-Zip: CHICAGO IL 60601-5099

Title VPGC, SECRETARY  
Name BARNES, WILLIAM R  
Address 701 EAST 22ND STREET  
City-State-Zip: LOMBARD IL 60148

Title PD  
Name BENESH, GREGORY S  
Address 701 E. 22ND STREET  
City-State-Zip: LOMBARD IL 60148

Title DIRECTOR  
Name WITWER, MICHAEL  
Address 701 E 22ND STREET, SUITE 300  
City-State-Zip: LOMBARD IL 60148

Title DIRECTOR  
Name MORGAN, SCOTT  
Address 701 E 22ND STREET, SUITE 300  
City-State-Zip: LOMBARD IL 60148

Title TREASURER  
Name BURKE, CLAIRE  
Address 701 E 22ND STREET, SUITE 300  
City-State-Zip: LOMBARD IL 60148

Title COMPLIANCE OFFICER  
Name LUBBEN, THOMAS  
Address 300 E. RANDOLPH  
City-State-Zip: CHICAGO IL 60515

Title VP, NETWORKS  
Name MILLER, MICHAEL  
Address 701 E 22ND STREET, SUITE 300  
City-State-Zip: LOMBARD IL 60148

*I hereby 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 all other like empowered.*

**SIGNATURE:** WILLIAM R. BARNES

**VPGC & SECRETARY**

**04/14/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date