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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # 808874 (2)

1. Corporation Name  
**USLIFE CREDIT LIFE INSURANCE COMPANY**

Principal Place of Business 1000 WOODFIELD RD SCHAUMBURG IL 60173-793 US	Mailing Address 1000 WOODFIELD RD SCHAUMBURG IL 60173-793 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>03/20/1952</b>	3a. Date of Last Report <b>03/18/1994</b>
4. FEI Number <b>36-1677770</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 <b>60173-4793</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 <b>60173-4793</b>	30 Country
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9. Name and Address of Current Registered Agent  
**THE INSURANCE COMMISSIONER OF FLORIDA  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LEE, J.E.
STREET ADDRESS	1000 WOODFIELD RD
CITY-ST-ZIP	SCHAUMBURG IL
TITLE	D
NAME	CROSBY, G.E., JR.
STREET ADDRESS	125 MAIDEN LANE
CITY-ST-ZIP	NEW YORK NY
TITLE	DV
NAME	KROHN, W.E.
STREET ADDRESS	1000 WOODFIELD RD
CITY-ST-ZIP	SCHAUMBURG IL
TITLE	V
NAME	STANKO, R. E.
STREET ADDRESS	1000 WOODFIELD RD
CITY-ST-ZIP	SCHAUMBURG IL
TITLE	DV
NAME	VALENTINE, J.S.
STREET ADDRESS	1000 WOODFIELD RD
CITY-ST-ZIP	SCHAUMBURG IL
TITLE	VS
NAME	SANDERS, J.M.
STREET ADDRESS	1000 WOODFIELD RD
CITY-ST-ZIP	SCHAUMBURG IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>60173-4793</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>10038-4992</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<b>60173-4793</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<b>60173-4793</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<b>60173-4793</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<b>60173-4793</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: J.M. Sanders J. M. Sanders March 17, 1995 708-517-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Telephone #

808874

Attachment to Corporation Annual Report 1995

Block 12. Officers and Directors

D

Henderson, G. F.  
125 Maiden Lane  
New York, NY 10038-4992

V

Carpenter, H. A.  
1000 Woodfield Road  
Schaumburg, IL 60173-4793

V

Compton, L. A.  
1000 Woodfield Road  
Schaumburg, IL 60173-4793

V

Davis, R. E.  
1000 Woodfield Road  
Schaumburg, IL 60173-4793

V

Eller, R. W.  
1000 Woodfield Road  
Schaumburg, IL 60173-4793

V

Extrom, D. A.  
1000 Woodfield Road  
Schaumburg, IL 60173-4793

V

Gass, R. C.  
1000 Woodfield Road  
Schaumburg, IL 60173-4793

V

Hagedorn, J. G.  
1000 Woodfield Road  
Schaumburg, IL 60173-4793

V

Strickland, D. W.  
1000 Woodfield Road  
Schaumburg, IL 60173-4793

V

Arnold, D. W.  
1000 Woodfield Road  
Schaumburg, IL 60173-4793

V

Keeler, W. M.  
1000 Woodfield Road  
Schaumburg, IL 60173-4793