

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>1000 WOODFIELD RD                  SCHAUMBURG IL 60173                  US</b>	Mailing Address <b>1000 WOODFIELD RD                  SCHAUMBURG IL 60173                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/20/1952</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>36-1677770</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**THE INSURANCE COMMISSIONER OF FLORIDA  
 THE CAPITOL BUILDING  
 TALLAHASSEE FL 32304**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEELER, W.M.</b>	1.2 NAME	
STREET ADDRESS	<b>1000 WOODFIELD ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SCHAUMBURG IL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CROSBY, G.E., JR.</b>	2.2 NAME	<b>D'Agostino, James S, Jr.</b>
STREET ADDRESS	<b>125 MAIDEN LANE</b>	2.3 STREET ADDRESS	<b>2929 Allen Parkway</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	2.4 CITY-ST-ZIP	<b>Houston, TX 77019-2155</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HENDERSON, G. F.</b>	3.2 NAME	<b>Newton, Jon P.</b>
STREET ADDRESS	<b>125 MAIDEN LANE</b>	3.3 STREET ADDRESS	<b>2929 Allen Parkway</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	3.4 CITY-ST-ZIP	<b>Houston, TX 77019-2155</b>
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STANKO, R. E.</b>	4.2 NAME	
STREET ADDRESS	<b>1000 WOODFIELD RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SCHAUMBURG IL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VALENTINE, J.S.</b>	5.2 NAME	<b>Devlin, Robert M.</b>
STREET ADDRESS	<b>1000 WOODFIELD RD</b>	5.3 STREET ADDRESS	<b>2929 Allen Parkway</b>
CITY-ST-ZIP	<b>SCHAUMBURG IL</b>	5.4 CITY-ST-ZIP	<b>Houston, TX 77019-2155</b>
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDERS, J.M.</b>	6.2 NAME	
STREET ADDRESS	<b>1000 WOODFIELD RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SCHAUMBURG IL</b>	6.4 CITY-ST-ZIP	

14. 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 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 4/23/98 847-517-6000

CR2E034 (10/97)

Attachment to Corporation Annual Report 1998

Block 12. Officers and Directors

D

Santillo, Carl J.  
2929 Allen Parkway  
Houston, TX 77019-2155

V

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

V

Fagan, Joseph D.  
1000 Woodfield Road  
Schaumburg, IL 60173-4793

V

Thome, Alfred N.  
1000 Woodfield Road  
Schaumburg, IL 60173-4793

V

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

V

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