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

PROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
98 JUL 13 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 809031 (8)

1. Corporation Name
BCS LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
676 N ST CLAIR ST CHICAGO IL 60611	676 N ST CLAIR ST CHICAGO IL 60611

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/20/1952

4. FEI Number: 36-2149353 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: Florida Commissioner of Insurance
82 Street Address (P.O. Box Number is Not Acceptable): State Capitol, Plaza Level Eleven
83 Tallahassee FL 32399-0300
84 City: FL
85 Zip Code

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: Bill Nelson FLORIDA COMMISSIONER OF INSURANCE 7/13/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	BARAN, EDWARD J.	676 N ST CLAIR ST	CHICAGO, IL 00000	☐ DELETE
VSD	BERG, WENDELL H.	676 N. ST. CLAIR STREET	CHICAGO IL	☐ DELETE
VTD	PERILLO, PHILLIP A.	676 N. ST. CLAIR STREET	CHICAGO IL	☐ DELETE
VD	RYAN, DANIEL P.	676 N. ST. CLAIR STREET	CHICAGO, ILL 0	☐ DELETE
S	BERG, WENDELL H.	676 N. ST. CLAIR ST.	CHICAGO IL	☐ DELETE
				☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
1	1.1	1.2	1.3	1.4	☐ Change ☐ Addition
2	2.1	2.2	2.3	2.4	☐ Change ☐ Addition
3	3.1	3.2	3.3	3.4	☐ Change ☐ Addition
4	4.1	4.2	4.3	4.4	☐ Change ☐ Addition
5	5.1	5.2	5.3	5.4	☐ Change ☐ Addition
6	6.1	6.2	6.3	6.4	☐ Change ☐ Addition

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****150.00 ****150.00

CR2E034 (10/97)

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: