

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
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DOCUMENT # 809031 1. Corporation Name BCS LIFE INSURANCE COMPANY	(8)
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Principal Place of Business 676 N ST CLAIR ST CHICAGO IL 60611	Mailing Address 676 N ST CLAIR ST CHICAGO IL 60611
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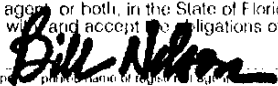
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93 JUL 13 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


DO NOT WRITE IN THIS SPACE

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

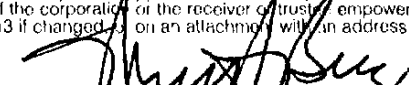
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION FL 33324				10. Name and Address of New Registered Agent 81 Name Florida Commissioner of Insurance 82 Street Address (P.O. Box Number is Not Acceptable) State Capitol, Plaza Level Eleven 83 Tallahassee FL 32399-0300 84 City FL 85 Zip Code			
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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:  **FLORIDA COMMISSIONER OF INSURANCE** 7/13/98
Signature, type, print name of registered agent (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	BARAN, EDWARD J.			1.2 NAME			
STREET ADDRESS	676 N ST CLAIR ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, IL 00000			1.4 CITY-ST-ZIP			
TITLE	VSD	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	BERG, WENDELL H.			2.2 NAME			
STREET ADDRESS	676 N. ST. CLAIR STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL			2.4 CITY-ST-ZIP			
TITLE	VD	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	PERILLO, PHILLIP A.			3.2 NAME			
STREET ADDRESS	676 N. ST. CLAIR STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL			3.4 CITY-ST-ZIP			
TITLE	VD	☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME	RYAN, DANIEL P.			4.2 NAME			
STREET ADDRESS	676 N. ST. CLAIR STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, ILL 0			4.4 CITY-ST-ZIP			
TITLE	S	☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME	BERG, WENDELL H.			5.2 NAME			
STREET ADDRESS	676 N. ST. CLAIR ST.			5.3 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, on an attachment with an address.

SIGNATURE: 

CP2E034 (10/97)