

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 809031

FILED
May 02, 2007
Secretary of State

Entity Name: BCS LIFE INSURANCE COMPANY

Current Principal Place of Business:

676 N ST CLAIR ST
CHICAGO, IL 60611

New Principal Place of Business:

2 MID AMERICA PLAZA
SUITE 200
OAKBROOK TERRACE, IL 60181

Current Mailing Address:

676 N ST CLAIR ST
CHICAGO, IL 60611

New Mailing Address:

2 MID AMERICA PLAZA
SUITE 200
OAKBROOK TERRACE, IL 60181

FEI Number: 36-2149353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: NOT REQUIRED

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RYAN, DANIEL P PD
Address: 676 N ST CLAIR ST
City-St-Zip: CHICAGO, IL 606112997

Title: VSD () Delete
Name: WESTERMEYER, MICHAEL T VSD
Address: 676 N. ST. CLAIR STREET
City-St-Zip: CHICAGO, IL 606112997

Title: VD () Delete
Name: BEHNKE, DAVID P VD
Address: 676 N. ST. CLAIR STREET
City-St-Zip: CHICAGO, IL 606112997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RYAN, DANIEL P PD
Address: 2 MID AMERICA PLAZA, SUITE 200
City-St-Zip: OAKBROOK TERRACE, IL 60181

Title: VSD (X) Change () Addition
Name: WESTERMEYER, MICHAEL T VSD
Address: 2 MID AMERICA PLAZA, SUITE 200
City-St-Zip: OAKBROOK TERRACE, IL 60181

Title: VD (X) Change () Addition
Name: BEHNKE, DAVID P VD
Address: 2 MID AMERICA PLAZA, SUITE 200
City-St-Zip: OAKBROOK TERRACE, IL 60181

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUSAN LEE

MGR.

05/02/2007

Electronic Signature of Signing Officer or Director

Date