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Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **810044** (8)

1. Corporation Name

ILLINOIS MUTUAL LIFE INSURANCE COMPANY

Principal Place of Business

**300 S.W. ADAMS ST.
PEORIA IL 61634**

Mailing Address

**300 S.W. ADAMS ST.
PEORIA IL 61634**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1954

4. FEI Number

37-0344290

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**HUFFMAN, REX & ASSOCIATES, INC.
2300 NORTH ORANGE AVE.
ORLANDO FL 32804**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

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 **D** ☐ DELETE
NAME **MCCORD, R.A.**
STREET ADDRESS **300 S.W. ADAMS ST**
CITY-ST-ZIP **PEORIA IL**

TITLE **D** ☐ DELETE
NAME **MARTIN, C.S.**
STREET ADDRESS **300 S.W. ADAMS ST**
CITY-ST-ZIP **PEORIA IL**

TITLE **D** ☐ DELETE
NAME **REED, W. A.**
STREET ADDRESS **300 S.W. ADAMS ST**
CITY-ST-ZIP **PEORIA IL**

TITLE **PCD** ☐ DELETE
NAME **MCCORD, M.A.**
STREET ADDRESS **300 S.W. ADAMS ST**
CITY-ST-ZIP **PEORIA IL**

TITLE **V** ☐ DELETE
NAME **PALMATIER, W.E.**
STREET ADDRESS **300 S.W. ADAMS ST**
CITY-ST-ZIP **PEORIA IL**

TITLE **D** ☐ DELETE
NAME **MCCORD, V.J.**
STREET ADDRESS **300 S.W. ADAMS ST**
CITY-ST-ZIP **PEORIA IL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

W.E. Palmatier

3/23/98

309-674-8255

CR2E034 (10/97)