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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

VALLE	MENT # 81191  EY FORGE LIFE INSURANC	- (-/						
Principal Place	e of Business	Mailing Address				14 12 <b>001</b> 2011	EIAIL BIBLI BIBII B	ON ONEN DIDILITY
CNA PLAZA CHICAGO IL 60685		CNA PLAZA CHICAGO IL 60685						
O District Di					3. Date Incorporated or Qualifit 05/13/1957	ed 3a	Date of Last 04/19/1	
2. Principal Pi 21	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		<del></del>	23-6200031			Not Applicable
2		27			5. Certificate of Status Desired			5 Additional
City & State	9	City & State			6. Election Campaign Financing	0		Required
3		28			Trust Fund Contribution			00 May Be ed to Fees
Zip J	Country	Zip	Country		8. This corporation has liability	for intang		
4	25 9. Name and Address of Curren	29	30		Florida Statutes	Yes 🗶	No	
	s. Name and Address of Curren	it Hegistered Agent			10. Name and Address of Ner	w Regist	tered Agent	
<b>F∩I E</b> Y	WILLIAM E		81	Name				
FOLEY, WILLIAM E. 2303 N. SEMORAN BLVD. ORLANDO FL 32807			82	Street A	ddress (P.O. Box Number is Not Accep	ress (P.O. Box Number is Not Acceptable)		
			83					
OHDIN	DO 1 C 02007		63					
			84	City			<b>85</b> Z	io Code
			1 - 1	City				
<ol> <li>Pursuant to or registere</li> </ol>	o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric	and 607.1508, Florida Statute	es, the above n	-	poration submits this statement for the	purpose	of changing its	registered office
SIGNATURE _	Signature, typed or printed name of registereo agnicla	and tille if applicable (NO		amed cor pration's b	poration submits this statement for the oard of directors. I hereby accept the a		of changing its ent as registered	registered office d agent. I am
2.	Signature, typed or printed name of registered agort a OFFICERS AND	and tille if applicable (NO		amed cor pration's b	uired when rainstating;	D	of changing its ent as registered	
2.	Signature, typed or printed name of registereo agort i OFFICERS AND	and tille if applicable (NO	TE Ragistered Agent	amed cor pration's b		D	of changing its ent as registered	
Z. THE	Styreture, typed or printed name of registereo agent i OFFICERS AND CD CHOOKASZIAN, DENNIS H	and tille if applicable (NO	TE: Ragistered Agent	amed cor pration's b	uired when rainstating;	D	of changing its ent as registered hate S AND DIRECTO	DRS IN 12
2. TLE AME TREET ADDRESS	Signalure, typed or printed name of registereo agort a OFFICERS AND CD CHOOKASZIAN, DENNIS H 1235 WHITEBRIDGE LANE	and tille if applicable (NO	TE Ragistered Agent  13.  1. 1 TITLE	amed corporation's b	uired when rainstating;	D	of changing its ent as registered hate S AND DIRECTO	DRS IN 12
2. THE AME THEET ADDRESS TY-SI-ZIP	Signature, typed or printed name of registereo agont a OFFICERS AND CD CHOOKASZIAN, DENNIS H 1235 WHITEBRIDGE LANE WINNETKA IL	end tile if applicable (NO) DIRECTORS DELETE	TE: Rogistered Agent  13.  1.1 TITLE  1.2 NAME  1.3 STREFT A  1.4 DITY-ST	amed contration's bisingular requirements of the second se	uirod when reinstatings ADDITIONS/CHANGES TO C	D	of changing its ent as registered as registe	DRS IN 12
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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 papears in Block 12 or Block 13 if changed, or on an attachment with an address.

Daniel J. Rohan 4/4/96 (312) 822-5105 SIGNATURE:

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR (312) 822-5105