

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90118 046 ***150.00

DOCUMENT # **814634**

1. Entity Name

Fidelity Life Association A Mutual Legal Reserve Co.



DO NOT WRITE IN THIS SPACE

50014579

2. Principal Place of Business
1211 West 22nd Street, Suite 209

3. Mailing Address
1211 West 22nd Street, Suite 209

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oak Brook, IL

City & State

Oak Brook, IL

Zip

60523

Country

Zip

60523

Country

4. FEI Number

361068685

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Chief Financial Officer

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

200 E. Gaines Street

City

Tallahassee

FL

Zip Code

32399-0000

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Richard A. Hemmings
Chairman, CEO & President
1211 W 22nd St Ste 209
Oak Brook, IL 60523**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Mark S. Wray
VP, CFO, Treasurer, Secretary
1211 W 22nd St Ste 209
Oak Brook, IL 60523**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark S. Wray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(630) 522-0392

Daytime Phone #