

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90077 024 ***150.00

DOCUMENT # **814634**

1. Entity Name
Fidelity Life Association, A Mutual Legal Reserve Company



DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

40105134

**DO NOT WRITE
IN THIS SPACE**

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

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
**CHAIRMAN, CEO, PRESIDENT
Richard A. Hemmings
1211 W. 22nd St., Suite 209
Oak Brook, IL 60523**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP, CFO, TREAS, SECRETARY
MARK S. WRAY
1211 W. 22nd St., Suite 209
Oak Brook, IL 60523**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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IN THIS SPACE**

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

4/26/07

Date

(630) 522-0392

Daytime Phone #

CR2E034B (12/02)