

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90026 002 ***150.00

DOCUMENT # 814634

1. Entity Name

Fidelity Life Association, A Legal Reserve Life Insurance Company



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1211 West 22nd Street, Suite 209

Suite, Apt. #, etc.

3. Mailing Address

1211 West 22nd Street, Suite 209

Suite, Apt. #, etc.

40099899

DO NOT WRITE IN THIS SPACE

City & State

Oak Brook, IL

City & State

Oak Brook, IL

4. FEI Number

361068685

Applied For

Not Applicable

Zip

60523

Country

Zip

60523

Country

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

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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
Chairman, CEO, & President
Richard A. Hemmings
1211 W. 22nd St, Ste 209
Oak Brook, IL 60523

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2008

Date

(630) 522-0392

Daytime Phone #

CR2E034B (12/02)