

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 816096

FILED  
Apr 15, 2011  
Secretary of State

**Entity Name:** SURETY LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

2940 SOUTH 84TH ST.  
LINCOLN, NE 68508 US

**New Principal Place of Business:**

**Current Mailing Address:**

3075 SANDERS RD.  
SUITE H1A  
NORTHBROOK, IL 60062 US

**New Mailing Address:**

**FEI Number:** 87-0198108

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: GVP  
Name: PILCH, SAMUEL H  
Address: 3075 SANDERS ROAD  
City-St-Zip: NORTHBROOK, IL 60062 US

Title: DR  
Name: PINTOZZI, JOHN C  
Address: 3100 SANDERS ROAD  
City-St-Zip: NORTHBROOK, IL 60062 US

Title: PR  
Name: DAHL, LAWRENCE W  
Address: 2940 SOUTH 84TH ST.  
City-St-Zip: LINCOLN, NE 68506 US

Title: TR  
Name: RIZZO, MARIO  
Address: 3075 SANDERS ROAD,  
City-St-Zip: NORTHBROOK, IL 60062 US

Title: SEC  
Name: LEES, SUSAN L  
Address: 3100 SANDERS ROAD  
City-St-Zip: NORTHBROOK, IL 60062 US

Title: DR  
Name: FLANARY, LISA J  
Address: 3100 SANDERS ROAD  
City-St-Zip: NORTHBROOK, IL 60062 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LYNN CIRINCIONE

AREP

04/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date