

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90078 022 ***150.00

DOCUMENT # 822005
 1. Entity Name
RESOURCE LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address
123 NORTH WACKER DRIVE **P.O. BOX 8264**
CHICAGO IL 60606 **TAX DEPT**
US **CHICAGO IL 60680**
US

2. Principal Place of Business 3. Mailing Address

200 E. RANDOLPH DR.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

TAX DEPT, 4TH FL
 City & State City & State

CHICAGO, IL
 City & State City & State

Zip Country Zip Country
60601 **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **47-0482911** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00** May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JESCKE, ARLENE 123 N. WACKER DRIVE CHICAGO IL 60606	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AIGOTTI, DIANE 123 N WACKER DRIVE CHICAGO IL 60606	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIPPAI, STEVEN 123 N WACKER DRIVE CHICAGO IL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAER, JEROME I. 123 N WACKER DRIVE CHICAGO IL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKOVITS, RONALD D 123 N WACKER DRIVE CHICAGO IL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BIGLEY, WILLIAM 123 N WACKER DRIVE CHICAGO IL 60606	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JESCKE, ARLENE 200 E. Randolph Dr., Chicago, IL 60601	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AIGOTTI, DIANE 200 E. Randolph Dr., Chicago, IL 60601	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIPPAI, STEVEN 200 E. Randolph Dr., Chicago, IL 60601	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAER, JEROME I. 200 E. Randolph Dr., Chicago, IL 60601	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKOVITS, RONALD D. 200 E. Randolph Dr., Chicago, IL 60601	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BIGLEY, WILLIAM 200 E. Randolph Dr., Chicago, IL 60601	☒ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 **312-381-3273**
 Date Daytime Phone #

CR2E034 (9/01)