

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **837499** (3)

1. Corporation Name

**CONTINENTAL LIFE & ACCIDENT COMPANY**



Principal Place of Business

101 S. CAPITOL BLVD. SUITE 1000  
P.O. BOX 2640  
BOISE ID 83701-9640

Mailing Address

304 N. MAIN ST.  
P.O. BOX 2640  
ROCKFORD IL 61101  
US

3. Date Incorporated or Qualified

12/07/1976

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1750 E. Golf Road  
Suite, Apt. #, etc.

26 1750 E. Golf Road  
Suite, Apt. #, etc.

4. FEI Number

82-0163086

Applied For

Not Applicable

22 City & State

23 Schaumburg, IL

24 60173 25 USA

27 City & State

28 Schaumburg, IL

29 60173 30 USA

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32304

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME BROPHY, THOMAS J  
STREET ADDRESS 1750 E. GOLF RD., STE. 1100  
CITY-ST-ZIP SCHAUMBURG IL ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME RAJIC, VLADETA  
STREET ADDRESS 1750 E. GOLF RD. STE. 1100  
CITY-ST-ZIP SCHAUMBURG IL ☒ DELETE

2.1 TITLE Secretary  
2.2 NAME A. Clark Waid, III  
2.3 STREET ADDRESS 1750 E. Golf Road  
2.4 CITY-ST-ZIP Schaumburg, IL 60173 ☒ Change ☐ Addition

TITLE VT  
NAME UPSTONE, VELORA H  
STREET ADDRESS 304 N. MAIN ST.  
CITY-ST-ZIP ROCKFORD IL ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME NAUERT, ROBERT F  
STREET ADDRESS 304 N. MAIN ST.  
CITY-ST-ZIP ROCKFORD IL ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME VAN VLEET, WILLIAM B  
STREET ADDRESS 304 N. MAIN ST.  
CITY-ST-ZIP ROCKFORD IL ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME FISCHER, MARK  
STREET ADDRESS 1750 E. GOLF RD., STE. 1100  
CITY-ST-ZIP SCHAUMBURG IL ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

*A. Clark Waid, III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

(847)995-0400

Date

Daytime Phone #

CR2E034 (12/95)