FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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
1750 E GOLF ROAD
P.O. BOX 2640
SCHAUMBURG IL 60173
US

Mailing Address
1750 E GOLF ROAD
SCHAUMBURG IL 60173-5835
US

3. Date Incorporated or Qualified: **12/07/1976**
3a. Date of Last Report: **01/30/1996**

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24 Country 25
Zip 29 Country 30

4. FEI Number: **82-0163086** ☐ Applied For ☐ Not Applicable
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
STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when resigning) DATE
Signature: typed or printed name of registered agent or title if applicable

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	BROPHY, THOMAS J	
STREET ADDRESS	1750 E. GOLF RD., STE. 1100	
CITY-ST-ZIP	SCHAUMBURG IL	
TITLE	S	☐ DELETE
NAME	WAID, A C III	
STREET ADDRESS	1750 E GOLF ROAD	
CITY-ST-ZIP	SHAUMBURG IL	
TITLE	VT	☐ DELETE
NAME	UPSTONE, VELORA H	
STREET ADDRESS	304 N. MAIN ST.	
CITY-ST-ZIP	ROCKFORD IL	
TITLE	D	☒ DELETE
NAME	NAUERT, ROBERT F	
STREET ADDRESS	304 N. MAIN ST.	
CITY-ST-ZIP	ROCKFORD IL	
TITLE	D	☐ DELETE
NAME	VAN VLEET, WILLIAM B	
STREET ADDRESS	304 N. MAIN ST.	
CITY-ST-ZIP	ROCKFORD IL	
TITLE	D	☐ DELETE
NAME	FISCHER, MARK	
STREET ADDRESS	1750 E. GOLF RD., STE. 1100	
CITY-ST-ZIP	SCHAUMBURG IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	1750 East Golf Road, Suite 1000	
3.4 CITY-ST-ZIP	Schaumburg, IL 60173	
4.1 TITLE	VD	☐ Change ☒ Addition
4.2 NAME	Fiskow, Philip J	
4.3 STREET ADDRESS	1750 East Golf Road, Suite 1000	
4.4 CITY-ST-ZIP	Schaumburg, IL 60173	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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 on an attachment with an address.

SIGNATURE: Velora H. Upstone Velora H. Upstone 4/29/97

CR2E034 (9/96)