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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	Mailing Address
1750 E GOLF ROAD P.O. BOX 2640 SCHAUMBURG IL 60173 US	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) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BROPHY, THOMAS J		1.2 NAME		
STREET ADDRESS	1750 E. GOLF RD., STE. 1100		1.3 STREET ADDRESS		
CITY-ST-ZIP	SCHAUMBURG IL		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WAID, A C III		2.2 NAME		
STREET ADDRESS	1750 E GOLF ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	SHAUMBURG IL		2.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	UPSTONE, VELORA H		3.2 NAME		
STREET ADDRESS	304 N. MAIN ST.		3.3 STREET ADDRESS	1750 East Golf Road, Suite 1000	
CITY-ST-ZIP	ROCKFORD IL		3.4 CITY-ST-ZIP	Schaumburg, IL 60173	
TITLE	D	☒ DELETE	4.1 TITLE	VD	☐ Change ☒ Addition
NAME	NAUERT, ROBERT F		4.2 NAME	Fiskow, Philip J	
STREET ADDRESS	304 N. MAIN ST.		4.3 STREET ADDRESS	1750 East Golf Road, Suite 1000	
CITY-ST-ZIP	ROCKFORD IL		4.4 CITY-ST-ZIP	Schaumburg, IL 60173	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	VAN VLEET, WILLIAM B		5.2 NAME		
STREET ADDRESS	304 N. MAIN ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKFORD IL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FISCHER, MARK		6.2 NAME		
STREET ADDRESS	1750 E. GOLF RD., STE. 1100		6.3 STREET ADDRESS		
CITY-ST-ZIP	SCHAUMBURG IL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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