

**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 # **843870** (7)  
1. Corporation Name  
**FORT DEARBORN LIFE INSURANCE COMPANY**



Principal Place of Business: **233 NORTH MICHIGAN AVENUE CHICAGO IL 60601**  
Mailing Address: **233 NORTH MICHIGAN AVENUE CHICAGO IL 60601**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: **08/08/1979**  
3a. Date of Last Report: **04/04/1995**  
4. FET Number: **36-2598882**  
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 OF FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL BLDG.  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent (81-85) fields.

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 607.0305, Florida Statutes.

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

**12. OFFICERS AND DIRECTORS**

TITLE	D	NAME	MCCASKEY, RAYMOND F.	STREET ADDRESS	233 N MICHIGAN AVE	CITY-ST-ZIP	CHICAGO, IL 00000	<input type="checkbox"/> DELETE
TITLE	P	NAME	RICCIARDELLI, <del>CARINE</del> CARMINE	STREET ADDRESS	233 N MICHIGAN AVE	CITY-ST-ZIP	CHICAGO IL 00000	<input type="checkbox"/> DELETE
TITLE	D	NAME	WEBER, DAVID P	STREET ADDRESS	233 N MICHIGAN AVE	CITY-ST-ZIP	CHICAGO, IL 00000	<input checked="" type="checkbox"/> DELETE
TITLE	VT	NAME	PAVLETICH DAVID J	STREET ADDRESS	233 N MICHIGAN AVE	CITY-ST-ZIP	CHICAGO IL 00000	<input type="checkbox"/> DELETE
TITLE	V	NAME	PHLAMM, JAMES D.	STREET ADDRESS	233 N MICHIGAN AVE.	CITY-ST-ZIP	CHICAGO IL	<input checked="" type="checkbox"/> DELETE
TITLE	EVP	NAME	NEWSOM, LARRY J	STREET ADDRESS	233 N. MICHIGAN AVE	CITY-ST-ZIP	CHICAGO IL	<input type="checkbox"/> DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	Director	12 NAME	Wolff, Sherman M	13 STREET ADDRESS	233 N Michigan Ave	14 CITY-ST-ZIP	Chicago IL 60601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE	SUP	22 NAME	Nicklo Jr, John E.	23 STREET ADDRESS	233 N Michigan Ave	24 CITY-ST-ZIP	Chicago IL 60601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31 TITLE	VP	32 NAME	McKee III, John W	33 STREET ADDRESS	233 N Michigan Ave	34 CITY-ST-ZIP	Chicago IL 60601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
41 TITLE		42 NAME		43 STREET ADDRESS		44 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		52 NAME		53 STREET ADDRESS		54 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		62 NAME		63 STREET ADDRESS		64 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 trustee 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: X *David J Pavletich*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96 312 938-6500  
DATE DAYTIME PHONE #

CR2E034 (12/95)