

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Mar 10 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 # 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 60601-5519**

3. Date Incorporated or Qualified 08/08/1979	3a. Date of Last Report 04/11/1996
4. FEI Number 36-2598882	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	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 of said corporation with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature of the person making the change (agent or shareholder if applicable) or the Registered Agent (signature required when re-instating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	MCCASKEY, RAYMOND F.	233 N MICHIGAN AVE	CHICAGO, IL 00000	<input type="checkbox"/>
P	RICCIARDELLI, CARINE	233 N MICHIGAN AVE	CHICAGO IL 00000	<input type="checkbox"/>
V	MCKEE, JOHN W. III	233 N MICHIGAN AVE	CHICAGO IL	<input type="checkbox"/>
VT	PAVLETICH DAVID J	233 N MICHIGAN AVE	CHICAGO IL 00000	<input type="checkbox"/>
D	WOLFF, SHERMAN M.	233 N MICHIGAN AVE	CHICAGO IL	<input type="checkbox"/>
VS	NEWSOM, LARRY J	233 N. MICHIGAN AVE	CHICAGO IL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY-ST-ZIP	Change	Addition
S	Mulville, Maureen T.	233 N. Michigan Ave. ,	Chicago, IL 60601	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Ricciardelli, Carmine	233 N. Michigan Ave	Chicago, IL 60601	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	Newsom, Larry J.	233 N. Michigan Ave	Chicago, IL 60601	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1. TITLE	5.2. NAME	5.3. STREET ADDRESS	5.4. CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1. TITLE	6.2. NAME	6.3. STREET ADDRESS	6.4. CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. I, the undersigned, 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 contained 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 a 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: *Maureen Mulville* 2/2/97 312/938-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)