

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 17 1998 8:00am
 Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 300 East Randolph St. Suite, Apt. #, etc. 22 City & State 23 Chicago, IL Zip 24 60601-5099	2a. Mailing Address 26 300 East Randolph St. Suite, Apt. #, etc. 27 City & State 28 Chicago, IL Zip 29 60601-5099	Country 25 U.S.A. 30 U.S.A.
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3. Date Incorporated or Qualified 08/08/1979	4. FEI Number 36-2598882	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Name N/A
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) (NOIF: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	V
NAME	MCCASKEY, RAYMOND F.	1.2 NAME	Gerald A. Guenther
STREET ADDRESS	233 N MICHIGAN AVE	1.3 STREET ADDRESS	300 East Randolph Street
CITY-ST-ZIP	CHICAGO, IL 00000	1.4 CITY-ST-ZIP	Chicago, IL 60601-5099
TITLE	P	2.1 TITLE	S
NAME	RICCIARDELLI, CARINE	2.2 NAME	Mulville, Maureen
STREET ADDRESS	233 N MICHIGAN AVE	2.3 STREET ADDRESS	300 East Randolph Street
CITY-ST-ZIP	CHICAGO IL 00000	2.4 CITY-ST-ZIP	Chicago, IL 60601-5099
TITLE	V	3.1 TITLE	
NAME	MCKEE, JOHN W. III	3.2 NAME	
STREET ADDRESS	233 N MICHIGAN AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	
TITLE	VT	4.1 TITLE	
NAME	PAVLETICH DAVID J	4.2 NAME	
STREET ADDRESS	233 N MICHIGAN AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	WOLFF, SHERMAN M.	5.2 NAME	500002593365
STREET ADDRESS	233 N MICHIGAN AVE	5.3 STREET ADDRESS	-07/20/98--01074--054
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	***8.75
TITLE	VS	6.1 TITLE	
NAME	NEWSOM, LARRY J	6.2 NAME	500002593365
STREET ADDRESS	233 N. MICHIGAN AVE	6.3 STREET ADDRESS	-07/20/98--01074--00853
CITY-ST-ZIP	CHICAGO IL	6.4 CITY-ST-ZIP	***550.00

Change Addition

Change Addition

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14. I 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: *Maureen Mulville* 7-15-98 312/653-6057

CR2E034 (5/98)