

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90006 042 ***150.00

DOCUMENT # 843870

1. Entity Name

FORT DEARBORN LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

300 EAST RANDOLPH STREET
 CHICAGO IL 60601-5099
 US

300 EAST RANDOLPH STREET
 CHICAGO IL 60601-5014
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-2598882

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STATE OF FLORIDA INSURANCE COMMISSIONER
 THE CAPITOL BLDG.
 TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MCCASKEY, RAYMOND F.	
STREET ADDRESS	300 E RANDOLPH	
CITY-ST-ZIP	CHICAGO IL 60601-5099	
TITLE	V	<input type="checkbox"/> Delete
NAME	HUENTHER, GERALD A	
STREET ADDRESS	300 E RANDOLPH	
CITY-ST-ZIP	CHICAGO IL 60601-5099	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCKEE, JOHN W. III	
STREET ADDRESS	300 E RANDOLPH	
CITY-ST-ZIP	CHICAGO IL 60601-5099	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MALLEN, GERARD	
STREET ADDRESS	300 E RANDOLPH	
CITY-ST-ZIP	CHICAGO IL 60601-5099	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLFF, SHERMAN M.	
STREET ADDRESS	300 E RANDOLPH	
CITY-ST-ZIP	CHICAGO IL 60601-5099	
TITLE	VS	<input type="checkbox"/> Delete
NAME	NEWSOM, LARRY J	
STREET ADDRESS	300 E RANDOLPH	
CITY-ST-ZIP	CHICAGO IL 60601-5099	

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maureen T. Mulville	
STREET ADDRESS	Same Address	
CITY-ST-ZIP		
TITLE	S/B S-GUENTHER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Senior Vice President	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V-P and Actuary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/B President and Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental reports 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Gerard Mallen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00
 Date

312-653-6500
 Daytime Phone #

CR2F034 (9/99)