2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State
02-16-2004 90050 020 ***150.00

DOCUMENT # 843870

1. Entity Name

FORT DEARBORN LIFE INSURANCE COMPANY

J94U5145

MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address
300 EAST RANDOLPH STREET CHICAGO IL 60601-5099 US	300 ~~EAST~~ RANDOLPH STREET CHICAGO ~~IL~~ 60601-5099 US

2. Principal Place of Business	3. Mailing Address
	1020 31st ST
Suite, Apt. #, etc.	Suite, Apt. #, etc. 4th Floor
City & State	City & State Downers Grove IL
Zip / Country	Zip 60515-5591 / Country USA

4. FEI Number 36-2598882 ☐ Applied For ☐ Not Applicable

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
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE FL 32399-0000	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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCASKEY, RAYMOND F. 300 E RANDOLPH CHICAGO IL 60601-5099	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ MULVILLE, MAUREEN T ~~300 E RANDOLPH~~ ~~CHICAGO IL 60601-5099~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS 1020 & 31ST ST Downers Grove IL 60515 5591 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPA MCKEE, JOHN W. III ~~300 E RANDOLPH~~ ~~CHICAGO IL 60601-5099~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1020 & 31ST ST Downers Grove IL 60515-5591
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VT~~ MALLEN, GERARD 300 E RANDOLPH CHICAGO IL 60601-5099	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT GOSS, PHILLIP A 1020 & 31st Downers Grove IL 60515-5591 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOLFF, SHERMAN M. 300 E RANDOLPH CHICAGO IL 60601-5099	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SBPD NEWSOM, LARRY J 300 E RANDOLPH CHICAGO IL 60601-5099	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/20/04 6308246105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #