

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90152 044 ***150.00

DOCUMENT # 843870



1. Entity Name

FORT DEARBORN LIFE INSURANCE COMPANY

Principal Place of Business 300 EAST RANDOLPH STREET CHICAGO IL 60601-5099 US	Mailing Address 1020 31ST ST. 4TH FLOOR DOWNERS GROVE IL 60515-5591 US
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00000001



1st MOORE CR2E034 (10/05)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 36-2598882		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCASKEY, RAYMOND F.			NAME			
STREET ADDRESS	300 E RANDOLPH			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60601-5099			CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> Delete		TITLE	VP, General Counsel & Sec.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MULVILLE, MAUREEN T			NAME	Victoria E. Fimea		
STREET ADDRESS	1020 E 31ST ST.			STREET ADDRESS	1020 31st Street		
CITY-ST-ZIP	DOWNERS GROVE IL 60515-5591			CITY-ST-ZIP	Downers Grove, IL 60515		
TITLE	VPA	<input type="checkbox"/> Delete		TITLE	VP, Chief Actuary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAMID, SARAH A			NAME	James A. Wiseman		
STREET ADDRESS	1020 E 31ST ST.			STREET ADDRESS	1020 31st Street		
CITY-ST-ZIP	DOWNERS GROVE IL 60515-5591			CITY-ST-ZIP	Downers Grove, IL 60515		
TITLE	VT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOSS, PHILLIP A			NAME			
STREET ADDRESS	1020 E 31ST			STREET ADDRESS			
CITY-ST-ZIP	DOWNERS GROVE IL 60515-5591			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOLFF, SHERMAN M.			NAME			
STREET ADDRESS	300 E RANDOLPH			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60601-5099			CITY-ST-ZIP			
TITLE	SBPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEWSOM, LARRY J			NAME			
STREET ADDRESS	300 E RANDOLPH			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60601-5099			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Victoria E. Fimea* **VICTORIA E. FIMEA** **3/24/06** **630-824-5684**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
50009081



FORT DEARBORN LIFE INSURANCE COMPANY
1020 31st Street • Downers Grove, Illinois • (800)633-3696 • Fax (630)824-5428

March 30, 2006

CERTIFIED MAIL –
RETURN RECEIPT REQUESTED

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: 2006 For Profit Corporation Annual Report
Fort Dearborn Life Insurance Company
Document No.: 843870

Dear Sir or Madam:

Enclosed please find Fort Dearborn Life Insurance Company's 2006 For Profit Corporation Annual Report for filing. Also enclosed please find a check in the amount of \$150.00 for the filing fee.

If you have any questions, please do not hesitate to contact me directly at (630) 824-6170.
Thank you.

Very truly yours,

Sharon Gehrke
Paralegal Specialist

Enclosures