2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT #843870 01-29-2007 90095 042 ***150.00 1. Entity Name FORT DEARBORN LIFE INSURANCE COMPANY Principal Place of Business Mailing Address 300 EAST RANDOLPH STREET 1020 31ST ST. CHICAGO, IL 60601-5099 US 4TH FLOOR DOWNERS GROVE, IL 60515-5591 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 Chg-P CR2E034 (12/06) City & State Applied For City & State 4. FEI Number 36-2598882 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent COMMISSIONER OF THE OFFICE OF LNSURANCE REGULATION 6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER - 2 P O BOX 6200 (32314-6200) ~ Street Address (P.O. Box Number is Not Acceptable) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition MCCASKEY, RAYMOND F. NAME NAME 300 E RANDOLPH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 606015099 CITY-ST-ZIP **VPGC** TITLE ☐ Delete TITLE Change ☐ Addition FIMEA, VICTORIA E NAME NAME STREET ADDRESS 1020 31ST STREET STREET ADDRESS CITY-ST-ZIP DOWNERS GROVE, IL 60515 CITY-ST-ZIP **VPCA** TITLE ☐ Delete TITLE ☐ Change ☐ Addition WISEMAN, JAMES A NAME NAME STREET ADDRESS **1020 31ST STREET** STREET ADDRESS CITY-ST-ZIP DOWNERS GROVE, IL 60515 CITY-ST-ZIP VP-CF0 TITLE Delete TITLE Addition Change Gouthier Paul E. GOSS, PHILLIP A NAME NAME STREET ADDRESS 1020 E 31ST STREET ADDRESS Downer Grove, 16 60515-5591 DOWNERS GROVE, IL 605155591 CITY-ST-ZIP CITY-ST-ZIP TITI F ☑ Delete TITLE Change ✓ Addition BOUDREAUX, GAIL K. 300 E RANDOLPH WOLFF, SHERMAN M. NAME NAME 300 E RANDOLPH STREET ADDRESS STREET ADDRESS CHICAGO, 1L 606015099 CITY-ST-ZIP CHICAGO, IL 606015099 CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NEWSOM, LARRY J NAME NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

300 E RANDOLPH

CHICAGO, IL 606015099

110/07 630-824-5684

FILED Jan 29, 2007 8:00 am

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Daytime Phone #