

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**  
08 NOV 10 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # 843870</b>					
1. Entity Name <b>FORT DEARBORN LIFE INSURANCE COMPANY</b>					
Principal Place of Business <b>300 EAST RANDOLPH STREET CHICAGO, IL 60601-5099 US</b>			Mailing Address <b>1020 31ST ST. 4TH FLOOR DOWNERS GROVE, IL 60515-5591 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		10282008 REIN-P CR2E098 (1/07)	
Zip		Country		4. FEI Number <b>36-2598882</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CMMSR OF THE OFFICE OF INS. REG. P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
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 606015099	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600137787116 11/10/08--01041--006 **150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPGC FIMEA, VICTORIA E 1020 31ST STREET DOWNERS GROVE, IL 60515	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCA WISEMAN, JAMES A 1020 31ST STREET DOWNERS GROVE, IL 60515	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO GAUTHIER, PAUL E 1020 E 31ST DOWNERS GROVE, IL 605155591	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUDREAUX, GAIL K 300 E RANDOLPH CHICAGO, IL 606015099	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Martin G. Foster <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 E Randolph Street Chicago, IL 60601	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SBPD NEWSOM, LARRY J 300 E RANDOLPH CHICAGO, IL 606015099	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anthony F. Trani <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1020 31st Street Downers Grove, IL 60515	
12. I hereby certify that the information supplied with this filing 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.					
SIGNATURE:			Date: <b>10/30/08</b> Daytime Phone #: <b>630-824-5684</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					