

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 843870

FILED
Aug 13, 2009
Secretary of State

Entity Name: FORT DEARBORN LIFE INSURANCE COMPANY

Current Principal Place of Business:

300 EAST RANDOLPH STREET
CHICAGO, IL 606015099 US

New Principal Place of Business:

Current Mailing Address:

1020 31ST ST.
4TH FLOOR
DOWNS GROVE, IL 605155591 US

New Mailing Address:

FEI Number: 36-2598882 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CMMSR OF THE OFFICE OF INS. REG.
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

CMMSR OF THE OFFICE OF INS. REG.
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

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: _____ 08/13/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCCASKEY, RAYMOND F.
Address: 300 E RANDOLPH
City-St-Zip: CHICAGO, IL 606015099

Title: VPGC () Delete
Name: FIMEA, VICTORIA E
Address: 1020 31ST STREET
City-St-Zip: DOWNS GROVE, IL 60515 US

Title: VCFO () Delete
Name: GAUTHIER, PAUL E
Address: 1020 E 31ST
City-St-Zip: DOWNS GROVE, IL 605155591

Title: D () Delete
Name: FOSTER, MARTIN G
Address: 300 E. RANDOLPH ST.
City-St-Zip: CHICAGO, IL 60601

Title: SBPD () Delete
Name: TRANI, ANTHONY F
Address: 1020 31ST STREET
City-St-Zip: DOWNS GROVE, IL 60515

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MALLEEN, GERALD T
Address: 300 E RANDOLPH
City-St-Zip: CHICAGO, IL 606015099

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTORIA FIMEA VPGC 08/13/2009
Electronic Signature of Signing Officer or Director Date