

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 843870

FILED
Jan 13, 2011
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
DOWNERS 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.
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: MALLEN, GERALD T
Address: 300 E RANDOLPH
City-St-Zip: CHICAGO, IL 606015099

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

Title: VCFO
Name: GAUTHIER, PAUL E
Address: 1020 E 31ST
City-St-Zip: DOWNERS GROVE, IL 605155591

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

Title: PD
Name: TRANI, ANTHONY F
Address: 1020 31ST STREET
City-St-Zip: DOWNERS GROVE, IL 60515

I hereby 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 all other like empowered.

SIGNATURE: VICTORIA E. FIMEA

VPGC

01/13/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date