	PROFIT RPORATION	1. AN	ARTMENT OF STATE		
ΑΝΝ	UAL REPORT	Secre	tary of State		
	1996		CORPORATIONS		
1. Corporation					
CERT	TIFIED LIFE INSURANCE C	OMPANY		A ADARA I ADARI BIRKI KADAL HADA ITALA KALI BIRIT BIRIT DI ARI	
Principal Place	e of Business	Mailing Address			
	NTSWORTH ST. HILLS CA 91344	222 MERCHANDISE I CHICAGO IL 60654-2			
				3. Date Incorporated or Qualified 3a. Date of Last 10/14/1980 05/01/	, ,
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number 95-2109398	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired 5. \$8.7	5 Additional Beguired
City & State	le	City & State	·····	6. Election Campaign Financing \$5.	00 May Be ded to Fees
Zip 4	Country 25	Ζιρ 29	Country	8. This corporation has liability for intangible tax under Florida Statutes Yes No	
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Registered Agent	
			84 City	— , 85	Zip Code
11. Pursuant f or register familiar wi				FL	·
SIGNATURE	Signature, typed or printed name of registered age		es, the above-named or ed by the corporation's s. DIE Registered Agent signature n 13.	FL	s registered office ad agent. I am
IGNATURE _ 2. Itle	Signature, typed or printed name of registered agr OFFICERS A	ant and litle if applicable (NC	DIE Rogistered Agent sgruture r 13. 1 1 TITLE	reporation submits this statement for the purpose of changing its board of directors. I hereby accept the appointment as registered wher renstating) CATE ADDITIONS/CHANGES TO OFFICERS AND DIRECT D/SVP Change	s registered office ad agent. I am
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