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FILED

Feb 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 847199 (7)  
1. Corporation Name  
CERTIFIED LIFE INSURANCE COMPANY



Principal Place of Business  
17402 CHATSWORTH ST.  
GRANADA HILLS CA 91344

Mailing Address  
222 MERCHANDISE MART PLAZA  
CHICAGO IL 60654-1103

3. Date Incorporated or Qualified 10/14/1980	3a. Date of Last Report 04/30/1996
4. FEI Number 95-2109398	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
FLORIDA INSURANCE COMMISSIONER & TREASURER  
STATE CAPITOL BUILDING  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DSVP	<input type="checkbox"/> DELETE
NAME	KUNSELMAN, LEROY J.	
STREET ADDRESS	222 MERCHANDISE MART PLAZA	
CITY-ST-ZIP	CHICAGO IL 60654-2026	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	CROSLY, FRED E	
STREET ADDRESS	222 MERCHANDISE MART PLAZA	
CITY-ST-ZIP	CHICAGO IL 60654-2026	
TITLE	DSVP	<input type="checkbox"/> DELETE
NAME	GOOD, LAURENCE	
STREET ADDRESS	222 MERCHANDISE MART PLAZA	
CITY-ST-ZIP	CHICAGO IL 60654-2026	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DICK, ROLLIN M	
STREET ADDRESS	11825 N. PENNSYLVANIA STREET	
CITY-ST-ZIP	CARMEL IN 46032-2026	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JACKSON, RONALD	
STREET ADDRESS	222 MERCHANDISE MART PLAZA	
CITY-ST-ZIP	CHICAGO IL 60654-2026	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, upon an attachment with an address.

SIGNATURE: *[Signature]* 2-7-97 (317) 817-6773  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)