2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90293 028 ***150.00

DOCUMENT # 850400

1. Entity Name
LYNDON LIFE INSURANCE COMPANY

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
520 MARYVILLE CENTRE DR. STE 500 ST LOUIS MO 63141-5814 US	520 MARYVILLE CENTRE DR. STE 500 ST LOUIS MO 63141-5814 US

2. Principal Place of Business	3. Mailing Address
20 N. MARTINGALE ROAD	20 N. MARTINGALE ROAD
Suite, Apt. #, etc.: SUITE 200	Suite, Apt. #, etc.: SUITE 200
City & State: SCHAUMBURG, IL	City & State: SCHAUMBURG, IL
Zip: 60173 Country:	Zip: 60173 Country:

4. FEI Number: 43-1137596 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INSURANCE COMMISSIONER STATE OF FLORIDA, CAPITOL BUILDING TALLAHASSEE FL FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ANDERSON, ROLAND G 520 MARYVILLE CENTRE DR. ST. LOUIS MO 63141-5814	☒ Delete	PRESIDENT & CEO JIM HOHMANN 20 N. MARTINGALE ROAD, Suite 200 SCHAUMBURG, IL 60173	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD CARIOLANO, GREGG O 520 MARYVILLE CENTRE DR. ST. LOUIS MO 63141-5814	☒ Delete	CFO DAVID MONTGOMERY 20 N. MARTINGALE ROAD, Suite 200 SCHAUMBURG, IL 60173	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD MCHULLEN, WILLIAM L JR 2801 HWY 230 SOUTH BIRMINGHAM AL 35202	☒ Delete	~~PRES~~ SECRETARY FRED HNAT 20 N. MARTINGALE ROAD, SUITE 200 SCHAUMBURG, IL 60173	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KUPFERMAN, E. PERRY 520 MARYVILLE CENTRE DR. ST LOUIS MO 63141-5814	☒ Delete	TREASURER STEVEN D. POWELL 20 N. MARTINGALE ROAD, SUITE 200 SCHAUMBURG, IL 60173	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCCAW, JOSEPH R 520 MARYVILLE CENTRE DR ST LOUIS MO 63141-5814	☒ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD HACKETT, RICHARD C 520 MARYVILLE CENTRE DR ST LOUIS MO 63141-5814	☒ Delete		☐ Change	☐ Addition

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED V. STEPHAN RAMIREZ ASST. VICE PRESIDENT 4/26/02 (203) 964-5224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Asst. Secretary

CR2E034 (9/01)