FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 14 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000000096 (8)**

1. Corporation Name
USLIFE INDEMNITY COMPANY

Principal Place of Business	Mailing Address
ONE WOODFIELD LAKE SCHAUMBURG IL 60173	ONE WOODFIELD LAKE SCHAUMBURG IL 60173

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/07/1993**
3a. Date of Last Report: **04/11/1994**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) / Country (30)

4. FEI Number: **93-0928517** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	11 TITLE	S	☐ Change ☒ Addition
NAME	SWANSON, CHRISTIAN R.	12 NAME	STANTON, SHERRI C.	
STREET ADDRESS	ONE WOODFIELD LAKE	13 STREET ADDRESS	ONE WOODFIELD LAKE	
CITY-ST-ZIP	SCHAUMBURG IL	14 CITY-ST-ZIP	SCHAUMBURG, IL 60173	
TITLE	D	21 TITLE	D/V	☐ Change ☒ Addition
NAME	VOTAVA, SCOTT A	22 NAME	KEELER, WILLIAM M.	
STREET ADDRESS	ONE WOODFIELD LAKE	23 STREET ADDRESS	ONE WOODFIELD LAKE	
CITY-ST-ZIP	SCHAUMBURG IL	24 CITY-ST-ZIP	SCHAUMBURG, IL 60173	
TITLE	DCP	31 TITLE		XX Change ☐ Addition
NAME	LEE, JAMES E.	32 NAME		
STREET ADDRESS	ONE WOODFIELD LAKE	33 STREET ADDRESS		
CITY-ST-ZIP	SCHAUMBERG IL	34 CITY-ST-ZIP	SCHAUMBURG, IL 60173	
TITLE	DV	41 TITLE		XX Change ☐ Addition
NAME	VALENTINE, JAMES S.	42 NAME		
STREET ADDRESS	ONE WOODFIELD LAKE	43 STREET ADDRESS		
CITY-ST-ZIP	SCHAUMBERG IL	44 CITY-ST-ZIP	SCHAUMBURG, IL 60173	
TITLE	VD	51 TITLE		XX Change ☐ Addition
NAME	KROHN, WILLIAM E.	52 NAME		
STREET ADDRESS	ONE WOODFIELD LAKE	53 STREET ADDRESS		
CITY-ST-ZIP	SCHAUMBERG IL	54 CITY-ST-ZIP	SCHAUMBURG, IL 60173	
TITLE	SVD	61 TITLE	D/V	☒ Change ☐ Addition
NAME	KEEFER, WILLIAM H.	62 NAME	KEFFER, WILLIAM H.	
STREET ADDRESS	ONE WOODFIELD LAKE	63 STREET ADDRESS	ONE WOODFIELD LAKE	
CITY-ST-ZIP	SCHAUMBERG IL	64 CITY-ST-ZIP	SCHAUMBURG, IL 60173	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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, or on an attachment with an address.

SIGNATURE: _____ SHERRI C. STANTON 3/31/95 708-517-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0488486 FP