FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F93000000096 (8)**

1. Corporation Name
USLIFE INDEMNITY COMPANY

Principal Place of Business
ONE WOODFIELD LAKE
SCHAUMBURG IL 60173

Mailing Address
ONE WOODFIELD LAKE
SCHAUMBURG IL 60173

3. Date Incorporated or Qualified: **01/07/1993**
3a. Date of Last Report: **04/14/1995**

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
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ (Signature of a member of the Board of Directors or Trustees) (Date) _____ (Registered Agent Signature required if changed) (DATE) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STANTON, SHERRI C	1.2 NAME	
STREET ADDRESS	ONE WOODFIELD LAKE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL	1.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KEELER, WILLIAM M	2.2 NAME	
STREET ADDRESS	ONE WOODFIELD LAKE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL	2.4 CITY-ST-ZIP	
TITLE	DCP ☒ DELETE	3.1 TITLE	Vice President ☒ Change ☐ Addition
NAME	LEE, JAMES E.	3.2 NAME	Thome, Alfred N.
STREET ADDRESS	ONE WOODFIELD LAKE	3.3 STREET ADDRESS	One Woodfield Lake
CITY-ST-ZIP	SCHAUMBERG IL	3.4 CITY-ST-ZIP	Schaumburg, IL
TITLE	DV ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	VALENTINE, JAMES S.	4.2 NAME	
STREET ADDRESS	ONE WOODFIELD LAKE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBERG IL	4.4 CITY-ST-ZIP	Schaumburg
TITLE	VD ☒ DELETE	5.1 TITLE	Vice President ☒ Change ☐ Addition
NAME	KROHN, WILLIAM E.	5.2 NAME	Stanko, Richard E.
STREET ADDRESS	ONE WOODFIELD LAKE	5.3 STREET ADDRESS	One Woodfield Lake
CITY-ST-ZIP	SCHAUMBERG IL	5.4 CITY-ST-ZIP	Schaumburg, IL
TITLE	DV ☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	KEEFER, WILLIAM H.	6.2 NAME	
STREET ADDRESS	ONE WOODFIELD LAKE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBERG IL	6.4 CITY-ST-ZIP	Schaumburg

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)(k), 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 — 847/517-6126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)