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FILED
May 05 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 # 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
05/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

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

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S
NAME STANTON, SHERRI C
STREET ADDRESS ONE WOODFIELD LAKE
CITY-ST-ZIP SCHAUMBURG IL

1.1 TITLE DS ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV
NAME KEELER, WILLIAM M
STREET ADDRESS ONE WOODFIELD LAKE
CITY-ST-ZIP SCHAUMBURG IL

2.1 TITLE DP ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VP
NAME THOME, ALFRED N
STREET ADDRESS ONE WOODFIELD LAKE
CITY-ST-ZIP SCHAUMBURG IL

3.1 TITLE DV ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DV
NAME VALENTINE, JAMES S.
STREET ADDRESS ONE WOODFIELD LAKE
CITY-ST-ZIP SCHAUMBURG IL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VP
NAME STANKO, RICHARD E
STREET ADDRESS ONE WOODFIELD LAKE
CITY-ST-ZIP SCHAUMBURG IL

5.1 TITLE DV ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DV
NAME KEEFER, WILLIAM H.
STREET ADDRESS ONE WOODFIELD LAKE
CITY-ST-ZIP SCHAUMBURG IL

6.1 TITLE ☐ Change ☐ 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, or on an attachment with an address.

SIGNATURE:

R. E. Stanko

R. E. Stanko

4/28/97

800-323-4747

CR2E034 (9/96)

Additions to 12.

Title:	D
Name:	Votava, Scott A.
Street Address:	One Woodfield Road
City-St-Zip:	Schaumburg, IL 60173