

- FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 04 1998 8:00am  
Secretary of State

|                                                |                                                                                   |                                                                                                    |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1993

4. FEI Number

93-0928517

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS ☐ DELETE

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

TITLE DP ☐ DELETE

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

TITLE DV ☐ DELETE

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

TITLE DV ☒ DELETE

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

TITLE DV ☐ DELETE

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

TITLE DV ☒ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D  
D'Agostino, Jr., James S.  
2929 Allen Parkway  
Houston, TX 77019-2155

D  
Newton, Jon P.  
2929 Allen Parkway  
Houston, TX 77019-2155

14. 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 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 4/23/98 222 222 1215

CR2E034 (10/97)

Additions to 12.

|                 |                           |
|-----------------|---------------------------|
| Title:          | D                         |
| Name:           | Votava, Scott A.          |
| Street Address: | One Woodfield Lake        |
| City-St-Zip:    | Schaumburg, IL 60173-4793 |