

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90132 028 ***150.00

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DOCUMENT # K52577

1. Corporation Name

LOYALTY LIFE INSURANCE COMPANY

Principal Place of Business

3200 HIGHLAND AVENUE
DOWNERS GROVE IL 60515
US

Mailing Address

3200 HIGHLAND AVENUE
LEGAL DEPT
DOWNERS GROVE IL 60515
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1988

4. FEI Number

38-2242132

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 3200 Highland Avenue

Suite, Apt. #, etc.

27 Attn: Legal Dept.

City & State

28 Downers Grove, IL

Zip

29 60515

Country

30 USA

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32399

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 PD WRISTEN, EDWARD L ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
3200 HIGHLAND AVENUE
DOWNERS GROVE IL 60515

TITLE VD GREMP, THOMAS V ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
23092 MILL CREEK ROAD
LAGUNA HILLS CA 92653

TITLE TD WHITTERS, JOSEPH E ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
3200 HIGHLAND AVENUE
DOWNERS GROVE IL 60515

TITLE SD SMITH, SUSAN T ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
3200 HIGHLAND AVENUE
DOWNERS GROVE IL 60515

TITLE D SMITH, JAMES C ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
3200 HIGHLAND AVENUE
DOWNERS GROVE IL 60515

TITLE S JUNEAU, RICHARD J. ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
300 W. 11TH STREET
KANSAS CITY MO

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 Von Grempe, Thomas W.

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)