


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90038 006 \*\*\*150.00

<b>DOCUMENT # P03968</b> 1. Entity Name <b>CONGRESS LIFE INSURANCE COMPANY</b>	
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Principal Place of Business <b>2500 WESTFIELD DR ELGIN, IL 60123 US</b>	Mailing Address <b>2500 WESTFIELD DR ELGIN, IL 60123 US</b>
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**DO NOT WRITE IN THIS SPACE**



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>86-0200852</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARLIN, JAMES L 2500 WESTFIELD DR ELGIN, IL 60123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TERWILLEGER, KENNETH B 2500 WESTFIELD DR ELGIN, IL 60123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CA SCHLINSOG, JEFFERY S 2500 WESTFIELD DR ELGIN, IL 60123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIESTERER, JAMIE L 2500 WESTFIELD DR ELGIN, IL 60123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X*  1/18/06 847 930 7871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #