

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -7 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P13184** (7)
1. Corporation Name
THE SIGNATURE LIFE INSURANCE COMPANY OF AMERICA

Principal Place of Business Mailing Address
200 N MARTINDALE ROAD
SCHAUMBURG IL 60173-2096
US
P.O. BOX 5033
CAROL STREAM IL 60197-5033
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/10/1987** 3a. Date of Last Report **02/07/1994**
4. FEI Number **36-3467550** 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
7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **200 N. Martingale Road**
22 City & State 27 Suite, Apt. #, etc.
23 **Schaumburg, Illinois**
24 Zip 25 Country 26 **60173-2096** 27 Country **US**

9. Name and Address of Current Registered Agent
FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	GALLAGHER, RICHARD C	200 N. MARTINGALE ROAD	SCHAUMBURG IL
VD	ORTELLI, ALAN F.	200 N. MARTINGALE RD.	SCHAUMBURG IL
SVD	EUWEMA, JOHN B	200 N. MARTINGALE RD.	SCHAUMBURG IL
TV	CASEY, PATRICK J	200 N. MARTINGALE RD.	SCHAUMBURG IL
S	MOYER, LYMAN C. (ASST.)	200 N. MARTINGALE RD.	SCHAUMBURG IL
V	SCHULTZ, JACK R	200 N. MARTINGALE RD	SCHAUMBURG IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

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 110.07(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: *Jack R. Schultz* - Jack R. Schultz - 2/24/95 (708) 605-4543
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR