

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996 2-7-96 B-0867

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

200 N MARTINGALE ROAD
SCHAUMBURG IL 60173-2096
US

2. Principal Place of Business

2a. Mailing Address

21 200 N. Martingale Road

26

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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 filer of application)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME GALLAGHER, RICHARD C
STREET ADDRESS 200 N. MARTINGALE ROAD
CITY-ST-ZIP SCHAUMBURG IL
☐ DELETE

TITLE VD
NAME PORTELLI, ALAN F.
STREET ADDRESS 200 N. MARTINGALE RD.
CITY-ST-ZIP SCHAUMBURG IL
☐ DELETE

TITLE SVD
NAME EUWEMA, JOHN B
STREET ADDRESS 200 N. MARTINGALE RD.
CITY-ST-ZIP SCHAUMBURG IL
☐ DELETE

TITLE TV
NAME CASEY, PATRICK J
STREET ADDRESS 200 N. MARTINGALE RD.
CITY-ST-ZIP SCHAUMBURG IL
☐ DELETE

TITLE S
NAME MOYER, LYMAN C. (ASST.)
STREET ADDRESS 200 N. MARTINGALE RD.
CITY-ST-ZIP SCHAUMBURG IL
☐ DELETE

TITLE V
NAME SCHULTZ, JACK R
STREET ADDRESS 200 N MARTINGALE RD
CITY-ST-ZIP SCHUMBURG IL
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
☐ Change ☐ Addition

2 1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
☐ Change ☐ Addition

3 1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
☐ Change ☐ Addition

4 1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
☐ Change ☐ Addition

5 1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
☐ Change ☐ Addition

6 1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
☐ Change ☐ Addition

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 119.07(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

January 24, 1996 (847) 605-4543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)