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May 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P13184** **(7)**

1. Corporation Name
THE SIGNATURE LIFE INSURANCE COMPANY OF AMERICA

Principal Place of Business	Mailing Address
200 N MARTINGDALE RD SCHAUMBURG IL 60173-2096 US	200 N MARTINGALE ROAD SCHAUMBURG IL 60173-2040 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 02/10/1987
3a. Date of Last Report: 02/07/1996
4. FEI Number: 36-3467550 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GALLAGHER, RICHARD C		1.2 NAME		
STREET ADDRESS	200 N. MARTINGALE ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	SCHAUMBURG IL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PORTELLI, ALAN F.		2.2 NAME		
STREET ADDRESS	200 N.MARTINGALE RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SCHAUMBURG IL		2.4 CITY-ST-ZIP		
TITLE	SVD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	EUWEMA, JOHN B		3.2 NAME		
STREET ADDRESS	200 N.MARTINGALE RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	SCHAUMBURG IL		3.4 CITY-ST-ZIP		
TITLE	TV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CASEY, PATRICK J		4.2 NAME		
STREET ADDRESS	200 N.MARTINGALE RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	SCHAUMBURG IL		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MOYER, LYMAN C. (ASST.)		5.2 NAME		
STREET ADDRESS	200 N.MARTINGALE RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	SCHAUMBURG IL		5.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	6.1 TITLE	V	☒ Change ☐ Addition
NAME	SCHULTZ, JACK R		6.2 NAME	Sandra K.Vollman	
STREET ADDRESS	200 N MARTINGALE RD		6.3 STREET ADDRESS	200 N. MARTINGALE RD	
CITY-ST-ZIP	SCHUMBURG IL		6.4 CITY-ST-ZIP	SCHAUMBURG, IL	

CR2E034 (9/96)

14. I do 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.

SANDRA K. VOLLMAN

SIGNATURE: _____ April 22, 1997 (847) 605-7011