

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

FILED

Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P13184** (7)
1. Corporation Name
THE SIGNATURE LIFE INSURANCE COMPANY OF AMERICA



Principal Place of Business 200 N MARTINGALE RD SCHAUMBURG IL 60173-2096 US	Mailing Address 200 N MARTINGALE ROAD SCHAUMBURG IL 60173-2096 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 02/10/1987	
4. FEI Number 36-3467550		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTELLI, ALAN F.	2.2 NAME	Placek, Robert L.
STREET ADDRESS	200 N.MARTINGALE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL	2.4 CITY-ST-ZIP	
TITLE	SVD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLLMAN, SANDRA K	6.2 NAME	Romanchuk, Wayne B.
STREET ADDRESS	200 N MARTINGALE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL	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.

SIGNATURE: **Lyman C. Moyer - Lyman C. Moyer**

3/5/98

(847) 605-4507

CR2E034 (10/97)