

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90084 027 ***150.00

DOCUMENT # P13184

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1987

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME PLACEK, ROBERT L
STREET ADDRESS 200 N.MARTINGALE RD.
CITY-ST-ZIP SCHAUMBURG IL

2.1 TITLE ☐ Change ☐ Addition

TITLE SVD ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

TITLE TV ☐ DELETE

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

4.1 TITLE ☐ Change ☐ Addition

TITLE S ☐ DELETE

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

5.1 TITLE ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME ROMANCHUK, WAYNE B
STREET ADDRESS 200 N MARTINGALE RD
CITY-ST-ZIP SCHAUMBURG IL

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

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

1/8/99

(847) 605-4507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)