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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT

1995

DOCUMENT # P20173 (1)

1. Entity Name

HEALTH AND LIFE INSURANCE COMPANY OF AMERICA

Principal Place of Business	Mailing Address
304 N. MAIN ST. ROCKFORD IL 61101-1019	304 N. MAIN ST. ROCKFORD IL 61101-1019

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/22/1988
3a. Date of Last Report: 03/03/1994

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 (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 84-0746919 ☐ 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

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32399-0300

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: (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	VD	1.1 TITLE	v/d	☒ Change ☒ Addition
NAME	VAN VLEET, W. B.	1.2 NAME	Resnick, Lee Harris	
STREET ADDRESS	811 COOLIDGE PLACE	1.3 STREET ADDRESS	1204 Lisa Circle	
CITY-ST-ZIP	ROCKFORD IL	1.4 CITY-ST-ZIP	Libertyville, IL 60048	
TITLE	TD	2.1 TITLE	p	☐ Change ☒ Addition
NAME	VICKERS, DAVID I	2.2 NAME	Brophy, Thomas J	
STREET ADDRESS	409 WASHINGTON	2.3 STREET ADDRESS	1126 South New Wilke Road Apt 409	
CITY-ST-ZIP	ELMHURST IL	2.4 CITY-ST-ZIP	Arlington Hts, IL 60005	
TITLE	PD	3.1 TITLE	d	☒ Change ☐ Addition
NAME	NAUERT, ROBERT F	3.2 NAME	Nauert, Robert F	
STREET ADDRESS	7460 NORTH RIVER RD.	3.3 STREET ADDRESS	7460 North River Road	
CITY-ST-ZIP	RIVER HILLS FL	3.4 CITY-ST-ZIP	River Hills, WI	
TITLE	D	4.1 TITLE	d/v	☒ Change ☒ Addition
NAME	CAVATAIO, MICHAEL A	4.2 NAME	Fiskow, Philip James	
STREET ADDRESS	3125 RAMSGATE ROAD	4.3 STREET ADDRESS	1136 Greenbriar Lane	
CITY-ST-ZIP	ROCKFORD IL	4.4 CITY-ST-ZIP	north Brook, IL 60062	
TITLE	S	5.1 TITLE	s/d	☒ Change ☒ Addition
NAME	PINZUR, ROBERT S	5.2 NAME	Ellis, Gordon Kirk	
STREET ADDRESS	997 PROVIDENCE LANE	5.3 STREET ADDRESS	25138 North Pawnee Road	
CITY-ST-ZIP	BUFFALO GROVE IL	5.4 CITY-ST-ZIP	Barrington, IL 60010	
TITLE	D	6.1 TITLE	d	☒ Change ☒ Addition
NAME	SCHEPER, CHARLES R	6.2 NAME	Popplewell, David H.	
STREET ADDRESS	216 KENNEDY ST.	6.3 STREET ADDRESS	7879 Chestershire	
CITY-ST-ZIP	COVINGTON KY	6.4 CITY-ST-ZIP	Cincinnati, OH 45241	

14. I declare I certify that the information supplied with this report is true. My signature is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 with an address.

SIGNATURE: David I. Vickers 2/14/95 (708)995-0400

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

David I. Vickers Treasurer

0480808 FN