NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

APPROVED AND FILED

96 OCT 14 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P20173 (1)

1. Corporation 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

3. Date Incorporated or Qualified: 07/22/1988

3a. Date of Last Report: 03/01/1995

2. Principal Place of Business
21 1750 East Golf Road
Suite, Apt. #, etc.
22 Suite 1000
City & State
23 Schaumburg, IL
Zip 24 60173 Country 25 Cook

2a. Mailing Address
26 1750 East Golf Road
Suite, Apt. #, etc.
27 Suite 1000
City & State
28 Schaumburg, IL
Zip 29 60173 Country 30 Cook

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 900001917375 9--8
-10/15/96--01073--009

84 City ****200.00 ****200.00

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		
TITLE	VD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	RESNICK, LEE HARRIS		1.2 NAME	Brophy, Thomas J	
STREET ADDRESS	1204 LISA CIR		1.3 STREET ADDRESS	461 Rosiland Road	
CITY-ST-ZIP	LIBERTYVILLE IL		1.4 CITY-ST-ZIP	Palatine, IL 61073	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VICKERS, DAVID I		2.2 NAME		
STREET ADDRESS	409 WASHINGTON		2.3 STREET ADDRESS		
CITY-ST-ZIP	ELMHURST IL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NAUERT, ROBERT F		3.2 NAME		
STREET ADDRESS	7460 NORTH RIVER RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	RIVER FALLS WI		3.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FISKOW, PHILIP J.		4.2 NAME		
STREET ADDRESS	1136 GREENBRIAR LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NORTHBROOK IL		4.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	5.1 TITLE	SV	☐ Change ☒ Addition
NAME	ELLIS, GORDON K.		5.2 NAME	Waid, A. Clark III	
STREET ADDRESS	25138 N PAWNEE RD		5.3 STREET ADDRESS	830 Oak Hill Road	
CITY-ST-ZIP	BARRINGTON IL		5.4 CITY-ST-ZIP	Barrington, IL 60010	
TITLE	D	☐ DELETE	6.1 TITLE	DV	☒ Change ☐ Addition
NAME	POPPLEWELL, DAVID H.		6.2 NAME	Popplewell, David H	
STREET ADDRESS	7879 CHESTERSHIRE		6.3 STREET ADDRESS	7879 Chestershire	
CITY-ST-ZIP	CINCINNATI OH		6.4 CITY-ST-ZIP	Cincinnati, OH	

NM 10/14

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)(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: David I. Vickers 2/20/96 (847)413-7296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number