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
304 N. MAIN ST.
ROCKFORD IL 61101-1019

Mailing Address
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 900001973759--3 -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

TITLE	VD	☒ DELETE
NAME	RESNICK, LEE HARRIS	
STREET ADDRESS	1204 LISA CIR	
CITY-ST-ZIP	LIBERTYVILLE IL	
TITLE	TD	☐ DELETE
NAME	VICKERS, DAVID I	
STREET ADDRESS	409 WASHINGTON	
CITY-ST-ZIP	ELMHURST IL	
TITLE	D	☐ DELETE
NAME	NAUERT, ROBERT F	
STREET ADDRESS	7460 NORTH RIVER RD.	
CITY-ST-ZIP	RIVER FALLS WI	
TITLE	DV	☐ DELETE
NAME	FISKOW, PHILIP J.	
STREET ADDRESS	1136 GREENBRIAR LANE	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	SD	☒ DELETE
NAME	ELLIS, GORDON K.	
STREET ADDRESS	25138 N PAWNEE RD	
CITY-ST-ZIP	BARRINGTON IL	
TITLE	D	☐ DELETE
NAME	POPPLEWELL, DAVID H.	
STREET ADDRESS	7879 CHESTERSHIRE	
CITY-ST-ZIP	CINCINNATI OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	PD	☐ Change ☒ Addition
1.2 NAME	Brophy, Thomas J	
1.3 STREET ADDRESS	461 Rosiland Road	
1.4 CITY-ST-ZIP	Palatine, IL 61073	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SV	☐ Change ☒ Addition
5.2 NAME	Waid, A. Clark III	
5.3 STREET ADDRESS	830 Oak Hill Road	
5.4 CITY-ST-ZIP	Barrington, IL 60010	
6.1 TITLE	DV	☒ Change ☐ Addition
6.2 NAME	Popplewell, David H	
6.3 STREET ADDRESS	7879 Chestershire	
6.4 CITY-ST-ZIP	Cincinnati, OH	

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)(k), Florida Statutes. Further, I 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, by 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 — Telephone Number