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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P20173** **(1)**

1. Corporation Name
HEALTH AND LIFE INSURANCE COMPANY OF AMERICA

Principal Place of Business	Mailing Address
1750 EAST GOLF ROAD SUITE 1000 SCHAUMBURG IL 60173	1750 EAST GOLF ROAD SUITE 1000 SCHAUMBURG IL 60173-5048

3. Date Incorporated or Qualified: **07/22/1988**
3a. Date of Last Report: **10/14/1996**

2. Principal Place of Business
21 | 22 Street Address | 23 City & State | 24 Zip | 25 Country

2a. Mailing Address
26 | 27 Suite, Apt. #, etc. | 28 City & State | 29 Zip | 30 Country

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 Section(s) 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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE: P	☐ DELETE	1.1 TITLE: **PD**	☒ Change	☐ Addition
NAME: BROPHY, THOMAS J		1.2 NAME		
STREET ADDRESS: 461 ROSILAND ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP: PALATINE IL 61073		1.4 CITY-ST-ZIP		
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: **DV**	☐ Change	☒ Addition
NAME: NAUERT, ROBERT F		3.2 NAME: **Scheper, Charles Richard**		
STREET ADDRESS: 7460 NORTH RIVER RD.		3.3 STREET ADDRESS: **216 Kennedy Street**		
CITY-ST-ZIP: RIVER FALLS WI		3.4 CITY-ST-ZIP: **Covington, KY 41011**		
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: SV	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME: WAID, A. CLARK III		5.2 NAME		
STREET ADDRESS: 830 OAK HILL ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP: BARRINGTON IL 60010		5.4 CITY-ST-ZIP		
TITLE: DV	☐ DELETE	6.1 TITLE: **V**	☒ Change	☐ Addition
NAME: POPPLEWELL, DAVID H.		6.2 NAME		
STREET ADDRESS: 7879 CHESTERSHIRE		6.3 STREET ADDRESS		
CITY-ST-ZIP: CINCINNATI OH		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 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: *Thomas J. Brophy* **Thomas J. Brophy** **3/10/97** **(847)413-7120**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0461807