

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 12 1998 8:00am
Secretary of State

DOCUMENT # P20173 (1)
1. Corporation Name
HEALTH AND LIFE INSURANCE COMPANY OF AMERICA



Principal Place of Business
1750 EAST GOLF ROAD
SUITE 1000
SCHAUMBURG IL 60173

Mailing Address
1750 EAST GOLF ROAD
SUITE 1000
SCHAUMBURG IL 60173

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 222 Merchandise Mart Plaza Suite, Apt. #, etc. 22 City & State 23 Chicago, IL 24 Zip 60604 25 Country US		2a. Mailing Address 26 11825 N. Pennsylvania St. Suite, Apt. #, etc. 27 Dept A2A 28 Carmel, IN 29 Zip 46032 30 Country US		3. Date Incorporated or Qualified 07/22/1988	
		4. FEI Number 84-0746919		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> DELETE			
NAME	BROPHY, THOMAS J				
STREET ADDRESS	461 ROSILAND ROAD				
CITY-ST-ZIP	PALATINE IL				
TITLE	TD	<input checked="" type="checkbox"/> DELETE			
NAME	VICKERS, DAVID I				
STREET ADDRESS	409 WASHINGTON				
CITY-ST-ZIP	ELMHURST IL				
TITLE	DV	<input checked="" type="checkbox"/> DELETE			
NAME	SCHEPER CHARLES RICHARD				
STREET ADDRESS	216 KENNEDY ST				
CITY-ST-ZIP	COVINGTON KY				
TITLE	DV	<input checked="" type="checkbox"/> DELETE			
NAME	FISKOW, PHILIP J.				
STREET ADDRESS	1136 GREENBRIAR LANE				
CITY-ST-ZIP	NORTHBROOK IL				
TITLE	SV	<input checked="" type="checkbox"/> DELETE			
NAME	WAID, A. CLARK III				
STREET ADDRESS	830 OAK HILL ROAD				
CITY-ST-ZIP	BARRINGTON IL 60010				
TITLE	V	<input checked="" type="checkbox"/> DELETE			
NAME	POPPELWELL, DAVID H.				
STREET ADDRESS	7879 CHESTERSHIRE				
CITY-ST-ZIP	CINCINNATI OH				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	Thomas J. Kilian				
1.3 STREET ADDRESS	11825 N. Pennsylvania St.				
1.4 CITY-ST-ZIP	Carmel, IN 46032				
2.1 TITLE	SVP/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	James S. Adams				
2.3 STREET ADDRESS	11825 N. Pennsylvania St.				
2.4 CITY-ST-ZIP	Carmel, IN 46032				
3.1 TITLE	CFO/EVP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME	Rollin M. Dick				
3.3 STREET ADDRESS	11825 N. Pennsylvania St.				
3.4 CITY-ST-ZIP	Carmel, IN 46032				
4.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME	Stephen C. Hilbert				
4.3 STREET ADDRESS	11825 N. Pennsylvania St.				
4.4 CITY-ST-ZIP	Carmel, IN 46032				
5.1 TITLE	EVP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME	John J. Sabl				
5.3 STREET ADDRESS	11825 N. Pennsylvania St.				
5.4 CITY-ST-ZIP	Carmel, IN 46032				
6.1 TITLE	SVP/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME	Michael A. Colliflower				
6.3 STREET ADDRESS	11825 N. Pennsylvania St.				
6.4 CITY-ST-ZIP	Carmel, IN 46032				

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 in an attachment with an address.

SIGNATURE *M. A. Colliflower* SVP/AS 7/26/98 (317) 817-6000

CR2E034 (5/98)