FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P32930** **(0)**

1. Corporation Name
NACOLAH LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
222 S. RIVERSIDE PLAZA CHICAGO IL 60606	222 S. RIVERSIDE PLAZA CHICAGO IL 60606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/25/1991**
3a. Date of Last Report: **04/07/1994**

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:
County — 25:
Zip — 29:
County — 30:

4. FEI Number: **36-3723034** ☐ 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. The corporation has [illegible] for chargeable tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COMMISSIONER OF INSURANCE
THE CAPITAL BUILDING
TALLAHASSEE FL 32301

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 [illegible] (Registered Agent's signature required where applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	11 TITLE	☐ Change ☐ Addition
NAME	BARGER, MAURICE W.	12 NAME	
STREET ADDRESS	222 S. RIVERSIDE PLAZA	13 STREET ADDRESS	
CITY ST ZIP	CHICAGO FL	14 CITY ST ZIP	
TITLE	DT	21 TITLE	☐ Change ☐ Addition
NAME	DOYLE, JOHN P	22 NAME	
STREET ADDRESS	222 S RIVERSIDE PLAZA	23 STREET ADDRESS	
CITY ST ZIP	CHICAGO IL	24 CITY ST ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	MOELLER, PETER H.	32 NAME	
STREET ADDRESS	222 S. RIVERSIDE PLAZA	33 STREET ADDRESS	
CITY ST ZIP	CHICAGO IL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HART, JEFFREY R	42 NAME	
STREET ADDRESS	222 S RIVERSIDE PLAZA	43 STREET ADDRESS	
CITY ST ZIP	CHICAGO IL	44 CITY ST ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	HOWARD, VANCE F.	52 NAME	
STREET ADDRESS	222 S. RIVERSIDE PLAZA	53 STREET ADDRESS	
CITY ST ZIP	CHICAGO IL	54 CITY ST ZIP	
TITLE	AVP	61 TITLE	☐ Change ☐ Addition
NAME	THESEN, BRUCE	62 NAME	
STREET ADDRESS	222 S. RIVERSIDE PLAZA	63 STREET ADDRESS	
CITY ST ZIP	CHICAGO IL	64 CITY ST ZIP	

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: Bruce N. Thesen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95 (312) 648-7643
Date Daytime Phone #

0468172 FP