SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

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**

3. Date Incorporated or Qualified: **02/25/1991**
3a. Date of Last Report: **05/01/1995**
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. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

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

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 _____ DATE _____
Signature required when executing this part of application. (NOTE: Registered Agent's signature required when executing this part.)

12. OFFICERS AND DIRECTORS

TITLE	DV	☐ DELETE
NAME	BARGER, MAURICE W.	
STREET ADDRESS	222 S. RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO FL	
TITLE	DT	☐ DELETE
NAME	DOYLE, JOHN P	
STREET ADDRESS	222 S RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO IL	
TITLE	DV	☐ DELETE
NAME	MOELLER, PETER H.	
STREET ADDRESS	222 S. RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	☒ DELETE
NAME	HART, JEFFREY R	
STREET ADDRESS	222 S RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO IL	
TITLE	PD	☐ DELETE
NAME	HOWARD, VANCE F.	
STREET ADDRESS	222 S. RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO IL	
TITLE	AVP	☐ DELETE
NAME	THESEN, BRUCE	
STREET ADDRESS	222 S. RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

200001873382
-06/24/96--01041--039
***225.00

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bruce Thesen **Bruce Thesen** **June 10, 1996** **(312) 648-7693**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0164358 FP