

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P32930** (0)

1. Corporation Name:
NACOLAH LIFE INSURANCE COMPANY

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

Mailing Address
222 S. RIVERSIDE PLAZA
CHICAGO IL 60606-5806



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/25/1991		3a. Date of Last Report 06/24/1996	
21	State, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 36-3723034		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
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 re-stating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DV	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARGER, MAURICE W.		1.2 NAME	
STREET ADDRESS 222 S. RIVERSIDE PLAZA		1.3 STREET ADDRESS	
CITY-STATE-ZIP CHICAGO FL		1.4 CITY-STATE-ZIP	
TITLE DT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOYLE, JOHN P		2.2 NAME	
STREET ADDRESS 222 S RIVERSIDE PLAZA		2.3 STREET ADDRESS	
CITY-STATE-ZIP CHICAGO IL		2.4 CITY-STATE-ZIP	
TITLE DV	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOELLER, PETER H.		3.2 NAME	
STREET ADDRESS 222 S. RIVERSIDE PLAZA		3.3 STREET ADDRESS	
CITY-STATE-ZIP CHICAGO IL		3.4 CITY-STATE-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOWARD, VANCE F.		4.2 NAME	
STREET ADDRESS 222 S. RIVERSIDE PLAZA		4.3 STREET ADDRESS	
CITY-STATE-ZIP CHICAGO IL		4.4 CITY-STATE-ZIP	
TITLE AVP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THESEN, BRUCE		5.2 NAME	
STREET ADDRESS 222 S. RIVERSIDE PLAZA		5.3 STREET ADDRESS	
CITY-STATE-ZIP CHICAGO IL		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE: *Bruce Thesen* **BRUCE THESEN ASST. V.P.** 3/12/97 (312) 648 7693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)