

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90071 039 ***150.00

DOCUMENT # P32930

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1991

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 owes the current year Intangible
Personal Property Tax.

☐ 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE **PCD** ☐ DELETE

NAME **WATSON, JOHN CECIL**
STREET ADDRESS **222 S. RIVERSIDE PLAZA**
CITY-ST-ZIP **CHICAGO IL 60606**

TITLE **VTD** ☐ DELETE

NAME **CRAIG, JOHN JAMES II**
STREET ADDRESS **22 S. RIVERSIDE PLAZA**
CITY-ST-ZIP **CHICAGO IL 60606**

TITLE **VD** ☒ DELETE

NAME **WILLIAM BARGER, MAURICE JR**
STREET ADDRESS **222 S. RIVERSIDE PLAZA**
CITY-ST-ZIP **CHICAGO IL 60606**

TITLE **VS** ☐ DELETE

NAME **HORVAT, STEPHEN PAUL**
STREET ADDRESS **222 S. RIVERSIDE PLAZA**
CITY-ST-ZIP **CHICAGO IL 60606**

TITLE **VD** ☐ DELETE

NAME **TURNER, EDWARD ARTHUR**
STREET ADDRESS **222 S. RIVERSIDE PLAZA**
CITY-ST-ZIP **CHICAGO IL 60606**

TITLE **VC** ☐ DELETE

NAME **MEYER, THOMAS M**
STREET ADDRESS **222 S. RIVERSIDE PLAZA**
CITY-ST-ZIP **CHICAGO IL 60606**

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

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE NOT REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 22, 1999 (605) 335-5700

Date

Daytime Phone #

CR2E034 (11/98)