

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
93 JUL 13 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 809031 (8)
1. Corporation Name
BCS LIFE INSURANCE COMPANY

Principal Place of Business: 676 N ST CLAIR ST CHICAGO IL 60611
Mailing Address: 676 N ST CLAIR ST CHICAGO IL 60611

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/20/1952	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 36-2149353	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	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name: Florida Commissioner of Insurance
82 Street Address (P.O. Box Number is Not Acceptable): State Capitol, Plaza Level Eleven
83 Tallahassee FL 32399-0300
84 City: Tallahassee FL 85 Zip Code: 32399-0300

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: *Bill Nelson* **FLORIDA COMMISSIONER OF INSURANCE** DATE: 7/13/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARAN, EDWARD J.	
STREET ADDRESS	676 N ST CLAIR ST	
CITY-ST-ZIP	CHICAGO, IL 00000	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BERG, WENDELL H.	
STREET ADDRESS	676 N. ST. CLAIR STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	PERILLO, PHILLIP A.	
STREET ADDRESS	676 N. ST. CLAIR STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RYAN, DANIEL P.	
STREET ADDRESS	676 N. ST. CLAIR STREET	
CITY-ST-ZIP	CHICAGO, ILL 0	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BERG, WENDELL H.	
STREET ADDRESS	676 N. ST. CLAIR ST.	
CITY-ST-ZIP	CHICAGO IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

601010258131 2000-2
-07/14/98-01101-019
****150.00 ****150.00

Handwritten signature and date: 7/13/98

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 on an attachment with an address.

SIGNATURE: *Handwritten signature*

CR2E034 (10/97)