

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90159 023 ***150.00

DOCUMENT # 809031

Entity Name
SCS LIFE INSURANCE COMPANY

Principal Place of Business 176 N ST CLAIR ST CHICAGO IL 60611	Mailing Address 676 N ST CLAIR ST CHICAGO IL 60611
--	--



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FEI Number 36-2149353		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		Zip		Country	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
INSURANCE COMMISSIONER OF FLORIDA STATE CAPITOL, PLAZA LEVEL ELEVEN TALLAHASSEE FL 32399-0300				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City		FL		Zip Code	

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida:

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

<input type="checkbox"/> This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	<input type="checkbox"/> 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
--	---	--

1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete BARAN, EDWARD J.	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 676 N ST CLAIR ST		STREET ADDRESS	
CITY-ST-ZIP CHICAGO, IL 00000		CITY-ST-ZIP	
TITLE VSD	<input type="checkbox"/> Delete BERG, WENDELL H.	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 676 N. ST. CLAIR STREET		STREET ADDRESS	
CITY-ST-ZIP CHICAGO, IL		CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> Delete RYAN, DANIEL P.	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 676 N. ST. CLAIR STREET		STREET ADDRESS	
CITY-ST-ZIP CHICAGO, ILL 0		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

3. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 1/24/02 312/951/7700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)