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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **805054** **(4)**

1. Corporation Name

UNION FIDELITY LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
123 NORTH WACKER DRIVE 26TH FLOOR CHICAGO IL 60606 US	123 NORTH WACKER DRIVE 26TH FLOOR CHICAGO IL 60606 US

3. Date Incorporated or Qualified: 05/12/1939
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 4850 STREET ROAD
22: Suite, Apt. #, etc.
23: City & State: TREVOSE, PA
24: Zip: 190
25: Country: US

2a. Mailing Address
26: 4850 STREET ROAD
27: Suite, Apt. #, etc.
28: City & State: TREVOSE, PA
29: Zip: 19049
30: Country:

4. FEI Number: 31-0252460 ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	PERISHO, RAY M		1.2 NAME	
STREET ADDRESS	123 N. WACKER DRIVE		1.3 STREET ADDRESS	4850 STREET RD
CITY-ST-ZIP	CHICAGO IL		1.4 CITY-ST-ZIP	TREVOSE, PA 19049
TITLE	AV	☒ DELETE	2.1 TITLE	V/D ☒ Change ☐ Addition
NAME	GROB, ROBERT		2.2 NAME	WEISS, STEVEN P.
STREET ADDRESS	123 N. WACKER DR.		2.3 STREET ADDRESS	4850 STREET RD.
CITY-ST-ZIP	CHICAGO IL		2.4 CITY-ST-ZIP	TREVOSE, PA 19049
TITLE	S	☒ DELETE	3.1 TITLE	S/D ☒ Change ☐ Addition
NAME	MARKOVITS, RONALD D		3.2 NAME	JOPPA, GLENN L.
STREET ADDRESS	123 N. WACKER DR.		3.3 STREET ADDRESS	4850 STREET RD
CITY-ST-ZIP	CHICAGO IL		3.4 CITY-ST-ZIP	TREVOSE, PA 19049
TITLE	T	☒ DELETE	4.1 TITLE	V/D ☒ Change ☐ Addition
NAME	RABIN, PAUL I		4.2 NAME	BAKER, JOSEPH J.
STREET ADDRESS	123 N. WACKER DRIVE		4.3 STREET ADDRESS	4850 STREET RD
CITY-ST-ZIP	CHICAGO IL		4.4 CITY-ST-ZIP	TREVOSE, PA 19049
TITLE	VD	☒ DELETE	5.1 TITLE	D/C ☒ Change ☐ Addition
NAME	LAMBRAKOS, MICHAEL P		5.2 NAME	METCALF, MARC G.
STREET ADDRESS	123 N. WACKER DRIVE		5.3 STREET ADDRESS	4850 STREET RD
CITY-ST-ZIP	CHICAGO IL		5.4 CITY-ST-ZIP	TREVOSE, PA 19049
TITLE	V	☒ DELETE	6.1 TITLE	V ☒ Change ☐ Addition
NAME	BAER, JEROME I.		6.2 NAME	GIBBONS, THOMAS A.
STREET ADDRESS	123 N. WACKER DR.		6.3 STREET ADDRESS	4850 STREET RD
CITY-ST-ZIP	CHICAGO IL		6.4 CITY-ST-ZIP	TREVOSE, PA 19049

CR2E034 (12/95)

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)(k), 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: _____ JOSEPH J. BAKER 4/24/96 215-953-3184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #