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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

4850 STREET ROAD
26TH FLOOR
TRAVOSE PA 18049
US

Mailing Address

4850 STREET ROAD
26TH FLOOR
TRAVOSE PA 18049-0002
US

3. Date Incorporated or Qualified
05/12/1939

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 4850 STREET ROAD

2a. Mailing Address

26 4850 STREET ROAD

Suite, Apt. #, etc.

22 C2B

Suite, Apt. #, etc.

27

City & State

23 TRAVOSE, PA 19049

City & State

28

Zip

24

Country

25

Zip

29

Country

30

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

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	PD	<input type="checkbox"/> DELETE
NAME	PERISHO, RAY M	
STREET ADDRESS	4850 STREET RD	
CITY - ST - ZIP	TRAVOSE PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WEISS, STEVEN P	
STREET ADDRESS	4850 STREET RD	
CITY - ST - ZIP	TRAVOSE PA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JOPPA, GLENN L	
STREET ADDRESS	4850 STREET RD	
CITY - ST - ZIP	TRAVOSE PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BAKER, JOSEPH J	
STREET ADDRESS	4850 STREET RD	
CITY - ST - ZIP	TRAVOSE PA	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	MATCALF, MARC G	
STREET ADDRESS	4850 STREET RD	
CITY - ST - ZIP	TRAVOSE PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GIBBONS, THOMAS A	
STREET ADDRESS	4850 STREET RD	
CITY - ST - ZIP	TRAVOSE PA	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BROTMAN, IRA D.
5.3 STREET ADDRESS	4850 STREET RD.
5.4 CITY - ST - ZIP	TRAVOSE, PA 19049
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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, as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1/8/97 215-953-3181

CR2E034 (9/96)