

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 17, 1999 8:00 am
Secretary of State

09-17-1999 90011 039 ***550.00

DOCUMENT # 805054

1. Corporation Name

UNION FIDELITY LIFE INSURANCE COMPANY



Principal Place of Business

4850 STREET ROAD
C2B
TREVOSE PA 19049
US

Mailing Address

4850 STREET ROAD
26TH FLOOR
TREVOSE PA 19049
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1939

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32399**

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

OFFICERS AND DIRECTORS

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PARKER, LOUIS A	
1.3 STREET ADDRESS	4850 STREET RD	
1.4 CITY-ST-ZIP	TREVOSE PA 19049	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STONESTREET, TIMOTHY C	
2.3 STREET ADDRESS	4850 STREET RD	
2.4 CITY-ST-ZIP	TREVOSE, PA 19049	
3.1 TITLE	SVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOPPA, GLENN L	
3.3 STREET ADDRESS	4850 STREET RD	
3.4 CITY-ST-ZIP	TREVOSE, PA 19049	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RICHARDS, BRUCE A	
4.3 STREET ADDRESS	4850 STREET RD	
4.4 CITY-ST-ZIP	TREVOSE, PA 19049	
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		

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.

SIGNATURE:

SIGNATURE REQUIRED Timothy C. Stonestreet 9/14/99 (215) 953-3917

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CR2E034 (5/99)