

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
95 JAN 27 AM 8:54

DOCUMENT # 809834 (5)

1. Corporation Name

THE UNION LABOR LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

111 MASSACHUSETTS AVE., NW  
WASHINGTON DC 20001

111 MASSACHUSETTS AVE., NW  
WASHINGTON DC 20001

DO NOT WRITE IN THIS SPACE.

9. Date Incorporated or Qualified

05/24/1954

3a. Date of Last Report

02/16/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

13-1423090

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE INSURANCE COMMISSIONER  
THE CAPITOL BLDG.  
TALLAHASSEE FL 32304

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 (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                          |
|-----------------|--------------------------|
| TITLE           | CD                       |
| NAME            | GEORGINE, ROBERT, A      |
| STREET ADDRESS  | 111 MASSACHUSETTS AVE NW |
| CITY - ST - ZIP | WASHINGTON DC            |
| TITLE           | STD                      |
| NAME            | NULL, LESTER, H, SR      |
| STREET ADDRESS  | 111 MASSACHUSETTS AVE NW |
| CITY - ST - ZIP | WASHINGTON DC            |
| TITLE           | EV                       |
| NAME            | LUCE, JAMES, W           |
| STREET ADDRESS  | 111 MASSACHUSETTS AVE NW |
| CITY - ST - ZIP | WASHINGTON DC            |
| TITLE           | GCD                      |
| NAME            | M McNULTY, JAMES, F, M   |
| STREET ADDRESS  | 111 MASSACHUSETTS AVE NW |
| CITY - ST - ZIP | WASHINGTON DC            |
| TITLE           | SV                       |
| NAME            | CROSS, WILLIAM, L        |
| STREET ADDRESS  | 111 MASSACHUSETTS AVE NW |
| CITY - ST - ZIP | WASHINGTON DC            |
| TITLE           | VS                       |
| NAME            | CARABILLO, JOSEPH, A     |
| STREET ADDRESS  | 111 MASSACHUSETTS AVE NW |
| CITY - ST - ZIP | WASHINGTON DC            |

|                     |   |
|---------------------|---|
| 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 |   |

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 110.07(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:

*W L Cross*

WILLIAM L. CROSS SENIOR VP, FINANCE

1-20-95

(202) 682-0900