2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 809834

Entity Name: THE UNION LABOR LIFE INSURANCE COMPANY

FILED Mar 31, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8403 COLESVILLE RD. SILVER SPRING, MD 20910

Current Mailing Address: New Mailing Address:

8403 COLESVILLE RD. SILVER SPRING, MD 20910

FEI Number: 13-1423090 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US

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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PDIR

Name: BURKE, GARY
Address: 8403 COLESVILLE RD.
City-St-Zip: SILVER SPRING, MD 20910

Title: SEC

Name: VALENTINE, TERESA E.
Address: 8403 COLESVILLE RD.
City-St-Zip: SILVER SPRING, MD 20910

Title: VPTD

Name: GASQUE, DAMON
Address: 8403 COLESVILLE RD.
City-St-Zip: SILVER SPRING, MD 20910

Title: DIR

Name: BARRA, DAVID
Address: 8403 COLESVILLE RD.
City-St-Zip: SILVER SPRING, MD 20910

Title: DIR

Name: FRIED, ADAM MARK
Address: 8403 COLESVILLE RD.
City-St-Zip: SILVER SPRING, MD 20910

Title: DIR

 Name:
 HOFFEN, JOHN F

 Address:
 8403 COLESVILLE RD.

 City-St-Zip:
 SILVER SPRING, MD 20910

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAURA LOUIS POA 03/31/2011