

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P04346 (3)**

1. Corporation Name

UNION BENEFIT LIFE INSURANCE COMPANY



Principal Place of Business

Mailing Address

12636 HIGH BLUFF DR #100
SAN DIEGO CA 92130
US

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SAN DIEGO CA 92130
US

3. Date Incorporated or Qualified 12/14/1984	3a. Date of Last Report 05/23/1995
4. FEI Number 23-1335885	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

Union Benefit Life Insurance Company
2500 DeKalb Pike
P. O. Box 511
Norristown, PA 19404-0511

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2500 DeKalb Pike
P. O. Box 511
Norristown, PA 19404-0511

24 Zip 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 of person or persons who are registered agent and officer, if applicable

(P.O. Box) Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD GREENBERG, DANIEL J 3525 DEL MAR HEIGHTS RD SAN DIEGO CA	<input checked="" type="checkbox"/> DELETE	
TITLE	DV BRENNAN, JOSEPH E 2014 SEA VILLAGE CIR CARDIFF CA	<input checked="" type="checkbox"/> DELETE	
TITLE	DVT MEISTER, ALAN J 12636 HIGH BLUFF DR, STE 100 SAN DIEGO CA	<input checked="" type="checkbox"/> DELETE	
TITLE	D KING, FRANCIS P 1680 LINCOLN ST #2900 DENVER CO	<input checked="" type="checkbox"/> DELETE	
TITLE	PD DEROSE, ROBERT PO BOX 8082 N/A RANCHO SANTA FE CA	<input checked="" type="checkbox"/> DELETE	
TITLE		<input checked="" type="checkbox"/> DELETE	
11 TITLE	PD ALBENS ALVIN II 2500 DEKALB PIKE NORRISTOWN PA 19404-0511	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE	SD MICHAEL A. BRAVIANO JR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP	KING OF RUSSIA PA	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
31 TITLE	TD ANTHONY R. VERDI 2500 DEKALB PIKE NORRISTOWN PA 19404-0511	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
62 NAME			
63 STREET ADDRESS			
64 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Anthony R. Verdi* **ANTHONY R. VERDI** 6/17/96 410-279-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Registered Office Phone #

CR2E034 (3/96)