FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9: 11

DOCUMENT # 813085 (8)

1. Corporation Name
UNION NATIONAL LIFE INSURANCE COMPANY

Principal Place of Business
8282 GOODWOOD BLVD
BATON ROUGE FL 70806
US

Mailing Address
~~P.O. BOX 2348~~
BATON ROUGE LA 70821

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/30/1958
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. Box 3638
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 72-0340280 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	JEROME, JERROLD V.
STREET ADDRESS	ONE E. WACKER DR.
CITY-ST-ZIP	CHICAGO IL
TITLE	VCD
NAME	VIE, RICHARD C.
STREET ADDRESS	ONE E. WACKER DR.
CITY-ST-ZIP	CHICAGO IL
TITLE	PD
NAME	GREER, ROBERT S.
STREET ADDRESS	ONE E. WACKER DR.
CITY-ST-ZIP	CHICAGO IL
TITLE	VT
NAME	CHARLEVILLE, J. D., JR.
STREET ADDRESS	8282 GOODWOOD BLVD.
CITY-ST-ZIP	BATON ROUGE LA
TITLE	VS
NAME	MCCULLOUGH, T. C., III
STREET ADDRESS	8282 GOODWOOD BLVD.
CITY-ST-ZIP	BATON ROUGE LA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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 the 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] J.D. Charleville, Jr. 2/13/95 (504) 927-3430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0472151 FP