

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

PO BOX 3638
BATON ROUGE LA 70821
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

09/30/1958

3a. Date of Last Report

02/21/1995

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

Signature typed or printed name of registered agent and filed if applicable

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

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

CD
JEROME, JERROLD V.
ONE E. WACKER DR.
CHICAGO IL

TITLE NAME ☐ DELETE

VCD
VIE, RICHARD C.
ONE E. WACKER DR.
CHICAGO IL

TITLE NAME ☒ DELETE

PD
GREER, ROBERT S.
ONE E. WACKER DR.
CHICAGO IL

TITLE NAME ☒ DELETE

VT
CHARLEVILLE, J. D., JR.
8282 GOODWOOD BLVD.
BATON ROUGE LA

TITLE NAME ☐ DELETE

VS
MCCULLOUGH, T. C., III
8282 GOODWOOD BLVD.
BATON ROUGE LA

TITLE NAME ☐ DELETE

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

President

Schleyer, Robert J.
One East Wacker Drive
Chicago, IL

Executive Vice President

Hester, Jerry W.
8282 Goodwood Blvd.
Baton Rouge, LA

Treasurer

Hillman, R. Paul
8282 Goodwood Blvd.
Baton Rouge, LA

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on a new appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Paul Hillman, Treasurer

February 1, 1996

(504) 927-3430

Daytime Phone

CR2E034 (12/95)