


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Baton Rouge, LA 24 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/30/1958	
		4. FEI Number 72-0340280		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEROME, JERROLD	1.2 NAME	SOUTHWELL, DONALD
STREET ADDRESS	ONE E. WACKER DR.	1.3 STREET ADDRESS	ONE E. WACKER DRIVE
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	VCD <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIE, RICHARD C	2.2 NAME	
STREET ADDRESS	ONE E. WACKER DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	PO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLEYER, ROBERT J	3.2 NAME	
STREET ADDRESS	ONE E WACKER DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESTER, JERRY W	4.2 NAME	
STREET ADDRESS	8282 GOODWOOD BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA	4.4 CITY-ST-ZIP	
TITLE	VS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCULLOUGH, T C III	5.2 NAME	MARQUETTE, JAMES A.
STREET ADDRESS	8282 GOODWOOD BLVD.	5.3 STREET ADDRESS	8282 GOODWOOD BLVD.
CITY-ST-ZIP	BATON ROUGE LA	5.4 CITY-ST-ZIP	BATON ROUGE, LA 70806
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	HILLMAN, R. PAUL	6.2 NAME	
STREET ADDRESS	8282 GOODWOOD BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address.

SIGNATURE _____ **R. Paul Hillman, Treasurer** (504) 927-3430

CR2E034 (10/97)