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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90013 003 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 813085

1. Corporation Name

UNION NATIONAL LIFE INSURANCE COMPANY

Principal Place of Business

8282 GOODWOOD BLVD
BATON ROUGE LA 70806
US

Mailing Address

PO BOX 3638
BATON ROUGE LA 70821
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1958

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME SOUTHWELL, DONALD
STREET ADDRESS ONE E WACKER DR
CITY-ST-ZIP CHICAGO IL 60601

TITLE D
NAME VIE, RICHARD C
STREET ADDRESS ONE E. WACKER DR.
CITY-ST-ZIP CHICAGO IL

TITLE PD
NAME SCHLEYER, ROBERT J
STREET ADDRESS ONE E WACKER DR
CITY-ST-ZIP CHICAGO IL

TITLE V
NAME HESTER, JERRY W
STREET ADDRESS 8282 GOODWOOD BLVD
CITY-ST-ZIP BATON ROUGE LA

TITLE VS
NAME MARQUETTE, JAMES A
STREET ADDRESS 8282 GOODWOOD BLVD.
CITY-ST-ZIP BATON ROUGE LA 70806

TITLE T
NAME HILLMAN, R. PAUL
STREET ADDRESS 8282 GOODWOOD BLVD
CITY-ST-ZIP BATON ROUGE LA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CDP
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

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Paul Hillman, Treasurer 1/5/99 (225)927-3430

Date

Daytime Phone #

CR2E034 (11/98)